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ABSTRACT

A project was undertaken to counteract low auto restraint usage rates for children in North Carolina through a comprehensive program with emphasis in the areas of educational activities, establishment of child restraint loan and rental programs across the State, development of educational materials and public awareness activities, and monitoring of North Carolina traffic accident data to evaluate the effectiveness of the State's child restraint law. Included among the major accomplishments of the project during the current grant year period were the following: dissemination of information through over 200 educational presentations by a network of professional and volunteer child safety advocates to over 10,000 children, parents, and members of the health community; establishment of 16 new child safety seat loan and rental programs, bringing the State total of such programs to 125; provision of training and materials to interested groups upon request; development of public service announcements and news releases to increase public awareness of the State's child restraint law; development, revision, and updating of educational materials to be supplied free of charge to child passenger safety advocates; and evaluation of the effectiveness of the State's child restraint law. Plans for the next year of the project include efforts to broaden the network of advocates working in the area of increasing the use of child auto safety restraints and plans to provide information regarding the effectiveness of the North Carolina child restraint law to State legislators and advocates. (MN)

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PROGRESS REPORT ON INCREASING CHILD RESTRAINT USAGE THROUGH LOCAL EDUCATION AND DISTRIBUTION EFFORTS

Prepared by:

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Forrest M. Council

October 1984

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ABSTRACT

This year end final report summarizes and highlights the work effort, findings and accomplishments of the UNC Highway Safety Research Center in carrying out the tasks required in the GHSP funded grant entitled, "Increasing Child Restraint Usage Through Local Educational and Distribution Efforts." The intent of the project was to counteract low restraint usage rates for children through a comprehensive program with emphasis in four major areas:

1) Continuation of educational activities with greater utilization of an established network of child safety advocates to assist in the local education of parents.

2) Continuation of efforts to establish more loaner/rental programs across the State and to assist in the expansion of existing programs.

3) Continuation of the development of educational materials for child passenger safety advocates and parents as well as conducting public information and education activities to raise the level of awareness of the need for proper use of child safety seats.

4) Continuation of the monitoring of N.C. accident data and of evaluating the effectiveness of the child restraint law.

As a result of these program efforts, the following lists major accomplishments during this grant year period:

- Disseminated current and pertinent information through over 200 educational presentations by HSRC staff and a network of professional and volunteer child safety advocates to nearly 10,000 children, parents, and to the health and medical community.

- Provided the North Carolina Child Passenger Safety Association with support, consultation and direction needed to make it a stronger, more viable group of safety advocates who have assumed a greater role in disseminating information and conducting educational activities within their communities.

- Provided support in the establishment of sixteen new child safety seat loaner/rental programs during the year, bringing the total number of on-going programs to 125.

- Provided training and materials upon request to all on-going loaner/rental program groups, health and medical professionals and any interested N.C. citizens throughout the state along with continuous communication through HSRC's newsletter and toll free "TotLine".

- Provided public service announcements and news releases to educate the public about the child restraint law along with assisting in the development of public service TV and radio spots.

- Developed, revised and updated educational materials such as brochures, posters and slide/tape programs supplied to child passenger safety advocates upon request and free of charge.

- Evaluated the effectiveness of the child restraint law, resulting in the following findings:

  a) Restraint usage rates for children less than two in NC automobile accidents have increased from 31 percent during the first six months of 1982 to 56 percent during the first half of 1984.

  b) Restraint usage by 2 and 3 year old children not covered by the law continue to be only about half that of children less than 2.

  c) Since July, 1982, the use of restraint systems in crashes has prevented 19 serious injuries and saved 18 lives among children covered by the law.

The long range goals of the project have been incorporated in the intent and objectives of the upcoming year's project efforts. Emphasis will continue to be placed on broadening the network of advocates to work with HSRC in reducing the numbers of infants and children killed or injured while riding in automobiles. Additionally, HSRC will provide information regarding the effectiveness of the child restraint law to legislators and advocates in order to encourage the reenactment of a stronger law and its subsequent strict enforcement.

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The authors wish to express their appreciation to the many individuals and organizations who have assisted in the accomplishment of this project. Foremost, we want to thank the Governor's Highway Safety Program for its continued support and direction. Without the GHSP's financial assistance, this project would certainly not have been possible.

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The Child Passenger Safety Advisory Committee has continued to provide assistance and guidance in the direction of our project goals. Their individual efforts have been invaluable.

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A special "great job well done" to all those individuals who served as panelists, moderators and speakers at the 3rd Annual Child Passenger Safety

Conference. Equal credit goes to all those behind-the-scene workers who voluntarily gave of their time and effort to make the Conference a success.

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INTRODUCTION

It is a well known fact that motor vehicle accidents are the single leading cause of death to children and young adults. Only after age 35 do other causes, such as heart disease and cancer, overtake motor vehicle accidents as the leading cause of death. The primary reason that this situation exists is that the single most effective countermeasure against motor vehicle deaths is not being utilized. Child safety seats are 85 percent effective in reducing deaths and disabling injuries to children in crashes and safety belts are 60-70 percent effective in reducing death and injuries to older children and adults. At least 80 out of every 100 children who have died in crashes could have been saved if their parents had buckled them up.

The N.C. Legislature passed a law that became effective July 1, 1982 requiring parents to buckle up their children under age two. Since that time, the number of restrained children under age 2 has increased significantly. In addition, the use rate for children ages 2-5 who are not covered by the law, but have been the target of the GHSP/HSRC education and publicity efforts, has dramatically increased. However, there is still a long way to go in achieving a goal whereby all infants and children are provided the protection they deserve.

More specifically, the usage rates for children, particularly the 2-5 year olds, continue to be unacceptably low. Additionally, there are over 86,000 births per year in N.C. Many parents purchase their own safety seats, however, for those who cannot afford to purchase a seat, less than 17,000 seats are available through loaner/rental programs.

During the past five years, the GHSP and HSRC have worked together to increase the level of awareness of the need to restrain children in automobiles and to expand the number of existing loaner programs across the state. Much

of the effort has been accomplished through a series of grants to the UNC HSRC from the Governor's Highway Safety Program.

The details of prior grant program efforts and their effectiveness has been documented in previous project reports (Hall and Council, January 1980; Council, et al., December 1980; Hall, et al., November 1981; Hall, et al., December 1982; Hall, et al., October 1983). This report provides information on the progress made during the past fiscal year (October 1983 through September 1984). The reader interested in the rationale for various decisions made throughout the North Carolina program and for baseline data concerning fatalities, restraint usage, and other areas of interest is referred to these past project reports as well as to the appropriate contract documents on file at the Governor's Highway Safety Program. Because these backround details have been presented in previous reports, they will not be repeated herein.

The goals of Fiscal Year 1984's project were as follows:

1. Implementation of 20 new loaner programs.
2. An increase in child restraint usage rates for children under six to 25 percent.

The following report outlines the efforts, progress and accomplishments made in achieving these goals.

EDUCATIONAL ACTIVITIES

HSRC Activities

As in past years, a prime focus of the HSRC child restraint project is the education of the public to use safety seats for their children and safety belts for themselves. However, the current emphasis has changed from one of public education on the need for child safety seats to that of providing current and pertinent information by keeping up with new developments on the subject. The HSRC child restraint staff has developed a broad expertise and contacts on the subject of child restraints, perhaps as no other group in the nation. This expertise is kept current by continual contacts with others who work on similar projects around the country. HSRC staff keeps up with information on the variety of products through formal and informal liaison with the manufacturers, attendance at conferences at which new products are displayed and discussed, communication with parents about positive and negative aspects of product design and participation in the National Child Passenger Safety Association (NCPSA). Developments in new and ongoing national programs are communicated in much the same manner, especially through the means of conferences and the NCPSA newsletter. Current educational and audio visual products from other sources are reviewed and published annually.

The information on changes and new development is constantly revised and reviewed by the staff to assure that any HSRC educational material or presentation is current, reliable and pertinent. An example of this effort is the new information on misuse of child safety seats. Parents are using child safety seats in greater numbers than before, but not necessarily in accordance with the manufacturer's directions. One national study (Shelness, A. and Jewett, J., 1983) of 2323 child safety seats examined in parking lots showed that 75 percent of the seats were installed incorrectly.

This high rate of misuse is particularly disturbing in light of information obtained through a telephone survey of parents of N.C. children under the age of four involved in accidents. When injury patterns were compared with the type of safety seat used, the reduction rate for severe injuries was 81 percent when a child safety seat was properly installed. In contrast, the improperly used seats provided severe injury reduction of only 48 percent. In response to this new emphasis, proper installation and use of a child safety seat is reflected in HSRC slide presentations and educational materials.

Information on unique problems is also developed by the staff through its many contacts. Examples include instruction on proper tether installation in newer car models, and how to choose an appropriate child safety seat for a handicapped or injured child. All information obtained along with relevant research is translated into public information and education materials and distributed statewide. This effort is discussed in detail in a later section of this report entitled, "Production of Education Materials and PI&E Activities."

Dissemination of current and pertinent information through educational presentations is another responsibility of the HSRC child restraint staff. The number of presentations that have been conducted by HSRC itself was drastically reduced from the level of previous years due to reductions in the scope of funding. Such presentations were limited to local annual events as well as some local and national presentations. The following is a list of public information and educational activities conducted by the HSRC staff this year. (Out-of-state travel funding was provided by non-project sources.)

Number Attending	Organization/Group	Location	Date
125	ND Child Passenger Safety Conference	Bismarck, ND	10-5-83
100	Georgia State CPSA Conference	Atlanta, GA	10-27-83
10	SC Governor's Conf on Highway Safety	Charleston, SC	11-10-83

Number Attending	Organization/Group	Location	Date
100	Trans. Research Bd. Law Enforce. Sess.	Washington, DC	1-13-84
Unknown	Belks, South Square Diaper Derby	Durham, NC	3-16-84 3-17-84
Unknown	University Mall WRAL Health Fair	Chapel Hill, NC	3-23-84 3-24-84
10	N.C. Memorial Hospital Matern. In-ser.	Chapel Hill, NC	4-11-84
40	South Carolina CPSA Session Speaker	Columbia, SC	4-5-84
10	Day Care Conf. Sess. on Car/Van Safety	Asheville, NC	4-27-84
Unknown	WFMY talk show	Greensboro, NC	4-12-84
30	Coop. High School New Mothers Class	Durham, NC	5-10-84
Unknown	Nat. Lifesavers Conf. Child Res. Wksp.	Orlando, FL	5-7-84
200	Georgia Child Passenger Safety Conf.	Atlanta, GA	6-14-84
10	Wake AHEC Wellness Inst.	Raleigh, NC	6-18-84

In addition to the educational presentations mentioned above, HSRC staff distributes a large volume of written and audio-visual material to the citizens of North Carolina and others outside the state. Materials such as films, slide shows, posters, brochures and handouts are regularly mailed upon request. This year's records indicate that over 180 sets of slide shows or films were mailed to health departments, prenatal instructors, driver education classes, college and community classes and other child safety advocates around the state.

Over 50,000 brochures, "It's Your Child's Life, But It's Your Decision," were mailed to loaner/rental programs, hospitals, health departments, doctor's offices and clinics, police departments, extension agencies, day care centers, as well as rental and wholesale outlets. Information packets for prospective loaner/rental programs are mailed at the rate of 10 a week. The production and distribution of the HSRC newsletter, TOTLINE, is another mechanism for

dissemination of feedback and new information as it becomes available. Three thousand copies are distributed statewide.

A valuable resource and referral tool available at HSRC is the toll-free North Carolina phone service, also called TOT-LINE. This number is widely publicized in printed matter, TV spot announcements and the HSRC slide shows. Through TOT-LINE, HSRC staff are able to keep up with concerns and questions of the parents on the NC Child Passenger Protection Law and the use of safety seats as well as answer more technical questions that local safety advocates are not able to handle. The demand for this service has been as frequent as 90 calls per day following news stories and TV spots. While the average number of calls per month cannot be determined, it is estimated that HSRC staff spend approximately 24 hours a month on this activity.

Local Child Safety Advocates as Educators

The current GHSP contract describes the gradual modifications in educational activities that would occur when reduced funding curtailed the time and resources available for statewide presentations and activities by HSRC staff. Rather, the network of child safety advocates that had developed over the recent years would assume more responsibility for the local educational and advocacy efforts. These advocates include volunteers with the local loaner/rental program, driver education instructors, medical professionals, and child birth instructors. In some areas educators in the local health departments have taken a particularly active role. Their activities have been especially encouraged and supported by the State Health Director.

Many of these health educators set up presentations and programs on their own initiative, as well as responding to requests from HSRC. Some have assumed responsibility for the loaner program volunteer training that had been exclusively provided by HSRC in the past. Some financial support and travel expenses for these trainers have been covered by HSRC. Two questionnaires were

sent by HSRC in order to survey the wide variety of people and activities that were involved in child passenger safety. Based on the responses received, Table 1 reflects the number of CPS presentations made by loaner program volunteers and professionals within their communities.

Table 1. Child Safety Presentations by Loaner Program Representatives

Presentations Made to Type of Group	Number of Presentations	Number in Attendance
Civic Clubs	8	363
Prenatal Classes (private & health dept.)	27	1704
Medical Professionals	9	127
School/Preschool: Children	17	955
School/Preschool: Parent and Faculty	17	354
Program Training Session	7	45
Police Department	9	139
TOTAL	104	3687

Local child safety advocates set up exhibits at 26 health fairs and county fairs and appeared on radio or television eleven times.

Another source of information on educational activities, not surveyed in previous years, was the list of individuals and groups requesting child restraint audiovisual materials, either films or slide shows. While the reported number and type of presentation may duplicate in some cases those of the loaner programs, it is interesting to note the variety of audience which appears in Table 2.

Table 2. Child Safety Presentations by Individuals and Groups Requesting AV Material

Type of Group	Number of Presentations	Number in Attendance
Civic Clubs	11	183
Prenatal Classes (private & health dept.)	32	868
Medical Professionals	11	169
School/Preschool Children	11	898
School/ Parent and Faculty	6	112
Youth Groups	2	93
Local Businesses, Industries	3	1990
Churches	4	66
Police Department	1	5
Driver Education Courses	9	309
College Classes	5	138
TOTAL	95	4831

Film users also participated in ten health fairs or exhibits.

North Carolina Child Passenger Safety Association

Background and major focus. One established network of child safety advocates is the North Carolina Child Passenger Safety Association (NCCPSA). One of the primary objectives of previous grants was to develop a statewide association of safety advocates who could assist in the coordination of educational and distribution programs. The 1982-83 progress reports detailed the reasons for the desirability of such an association, however, they are summarized below:

1. To serve as a communication network to disseminate practical and technical child transportation safety information to interested persons.

2. To mobilize concerned professionals, service groups and citizens to act as an effective lobbying group on legislative issues related to child passenger safety.

3. To coordinate educational and distribution activities currently being handled by HSRC and GHSP.

These progress reports also addressed the formation of the North Carolina Child Passenger Safety Association beginning with the 1982 conference held in Clemmons, NC and the continued development through interim activities until May 1983 at which time the 2nd statewide conference was held in Southern Pines.

From the beginning, HSRC has played a major role in assisting the Association to grow in an attempt to become a more viable and visible organization. New emphasis on the need for a strong NCCPSA became apparent during July and November 1983 meetings of the Executive Committee (elected officers) and the Board of Directors (elected officers and ten regional coordinators). The major focus of these meetings concerned the HSRC cutback in funding for the child restraint project and the Association's response to this reduction, their role in supplementing or replacing services, and alternate funding sources. Several committees were established to initiate work on these activities.

Subsequent committee meetings during the year were devoted to amending NCCPSA By-laws, planning and initiating a membership drive, and planning for the 3rd Annual Conference on Child Passenger Safety. As a result of the membership drive and the 3rd Conference, NCCPSA claims over 300 members. Discussion follows on activities launched this year.

NCCPSA activities. The NCCPSA developed its own quarterly newsletter entitled, "The NCCPSA News" for organization members. This newsletter did not replace the HSRC TOTLINE newsletter, rather its intent was to supplement with news of Association activities and to feature special individuals or groups.

A proclamation submitted to Governor Hunt's office was approved designating September 2-8 as North Carolina Child Passenger Safety week. This event coincided with the 3rd North Carolina Child Passenger Safety Conference held September 6-7, 1984 in Durham. In conjunction with this, the NCCPSA prepared a

local child passenger safety week packet which was sent to interested groups. The packet contained educational and promotional materials for groups to use in their own communities in planning and publicizing not only the importance of child passenger safety, but adult protection as well.

The NCCPSA directed a letter to nine major grocery chains in North Carolina requesting that the NCCPSA logo and message, "It's your child's life, but it's your decision," be placed on their grocery bags. Two grocery chains, Harris Teeter and Ingles, did incorporate the message on their bags.

In June when the Legislature was meeting, a letter was sent to all NC Senators and Representatives outlining the effectiveness of the child passenger safety law and pointing out some limitations and loopholes in the law which became effective in July 1982. Included with the letter was a copy of the resolution passed at the 1983 conference thanking them for making North Carolina among the first states in the nation to enact such a law. A conference announcement, membership application and summary of legislation enacted in other states accompanied the letter.

3rd Annual North Carolina Conference on Child Passenger Safety. As a result of funding reductions for the child restraint project, HSRC had no plans to conduct a child passenger safety conference in 1984. However, at the Board of Directors meeting in August, representatives decided that 1984 was an important year to the success of strengthening legislation in 1985. At this time NCCPSA decided to sponsor the 3rd North Carolina Child Passenger Safety Conference and Association meeting.

The Executive Director, Donna Suttles of HSRC, who had been a coordinator of the previous conferences, worked very closely with the conference planning committee in advising and directing activities in preparation for the conference.

One factor which should be emphasized is that no grant funding existed to conduct the 1984 conference. Therefore the Association had to rely on external donations of time, goods and financial contributions from the sponsors listed on the program agenda shown in Appendix A. A scholarship fund for attendees was approved by the Association but was limited to NCCPSA members only. Twenty-four persons requested assistance to attend.

The conference highlights included on-site incentive programs at the Sheraton and at the Grey Stone Baptist Day Care Center in Durham, NC. Sue Smithson from Vass, NC opened the first general session with a recount of a "success story" of an accident she and her son were involved in. A legislative panel moderated by Representative George Miller examined the effects of the North Carolina Child Passenger Protection Law and provided participants with a glimpse of how the General Assembly may attempt to change it. Suggestions were also offered concerning steps participants could begin implementing to strengthen the law. Mr. Chuck Hurley of the National Safety Council addressed the audience on coordinating occupant protection and drunk driving efforts. Charles Rutherford of New York presented a challenging disussion on new and innovative approaches to safety belt awareness.

The two-day conference also featured four concurrent workshop sessions on a variety of child passenger safety-related topics, NCCPSA business sessions and regional meetings. A poolside cookout, balloon launch and bingo party were included on the first day's activities. An awards luncheon concluded the second day's activities. Keynote speaker for the awards luncheon was Steve Streater, Field Coordinator for Students Against Drunk Driving. Colonel Edwin Guy briefly addressed the lunch participants on the importance of ongoing work in this field. Two special announcements made during the conference by Elbert Peters of the North Carolina Motor Carriers Association and Rick Grimord of Price-McNabb

Advertising representing the MacDonald's Corporation. Both groups publically announced the donation of child safety seats to loaner programs across the state. The conference was attended by approximately 150 persons representing 42 counties.

The NCCPSA is demonstrating that strides are being taken to make it self-sufficient, but members have expressed that HSRC support, knowledge and expertise are still vital to the projects they expect to undertake and in the direction they move. In the coming year the NCCPSA anticipates taking even greater measures to make itself more visible and self-sustaining.

Summary

The decision to carry out educational activities in the State with modified implementation techniques was not merely a cost-reducing measure. Instead, it recognized the interest and community involvement of the local child safety advocates and their potential role as educators and trainers. In addition, the expertise developed at HSRC is best utilized in the activities of information review and revision, material development and dissemination. Child safety advocates around the State are given accurate and pertinent information, as well as training and technical support for their community activities. This gradually emerging partnership between HSRC and local child safety advocates is a logical one with every chance of success.

EXPANSION AND COORDINATION OF LOCAL LOANER/RENTAL PROGRAMS

Introduction

Since 1980, expanding the number of existing loaner/rental programs has been a major thrust of this continuing project. Educational efforts focused initially at the health and medical communities has over the years filtered down to parents as evidenced by the significant increase in awareness of the need to restrain young children while riding in automobiles.

Parents who have become convinced to use safety seats, but cannot afford to purchase one, can still protect their child by renting a seat from a loaner program in their community. One hundred twenty-five existing loaner programs throughout the state make 16,833+ infant and toddler seats available to parents for a small deposit and nominal rental fee. The following text provides details regarding this year's efforts to continue expanding the number of loaner programs across the state.

Much of the data and information is based on quarterly reports completed by each group participating in the GHSP/HSRC matching seat program. The quarterly report is a requirement for those groups receiving matching seats from GHSP. Different questions were asked at each quarter beyond the standard reporting of the number and type of seats available, how many are on loan, etc. so as to obtain an insight into the needs, concerns and problems related to loaner programs. During this contract year, many of the groups' contracts expired. Therefore, many groups were under no obligation to submit a quarterly report except on a voluntary basis.

Emphasis on the Establishment of New Loaner Programs

For the contract year 83-84, HSRC had to work within the constraints of reduced funds for materials, seats and staff time. The matching seat policy offered through the GHSP grant in previous years provided seats to all loaner

programs on a one for one matching basis (with no limitation) as an incentive to establish or expand a loaner program. With reduced funding starting in FY83-84 a decision was made to concentrate efforts on identifying "new" loaner program groups. Thus, the matching seat policy since contract year 83-84 provides infant car carriers to new programs only on a matching basis up to a maximum of 25 seats. All existing programs must rely on local support and financial assistance in order to increase their supply of infant carriers and/or expand into toddler seats. All programs, however, continued to receive handout material and additional training upon request and updated information on new seats and research as well as feedback from information obtained through ongoing program quarterly reports.

Potential "New" Loaner Program Surveys

Since the priority was to establish "new" programs, HSRC mailed a survey in February, 1984 to all the Junior Women's Clubs in North Carolina, all hospitals affiliated with the N.C. Hospital Association, and all county health departments to determine their level of interest and current activities related to child passenger safety and to identify potential "new" loaner program groups. Details of each survey follows.

Jr. Women's Clubs

Eighty-three surveys were mailed to all Jr. Women's Clubs in N.C. Twenty-five out of the 83 clubs responded (30%). Of the 25 clubs responding, 11 clubs were currently involved in running loaner programs. Out of the 14 not involved in running loaner programs, eight stated there was an on-going program in their community. Five clubs indicated interest in obtaining more information about the GHSP/HSRC matching seat program. Those indicating no interest in receiving material made such comments as (1) their clubs were too small or membership was down, (2) they didn't want to duplicate other clubs' efforts, (3) most members work outside the home, therefore no time was available to operate a program.

N.C. Hospital Survey

The N.C. Hospital Association allowed HSRC to send surveys to all Association affiliated hospitals through their institutional mailing. The survey along with a brief writeup in the Association's NEWS-line flyer was mailed to 150 hospitals. Fifty-three hospitals responded (35%). The most significant information learned was that 22 out of the 44 hospitals who offer obstetrical service indicated that a loaner program was in operation within the hospital setting. Twenty-two require hospital personnel to discuss the use of child safety seats to mothers of newborns during their post-partum study. Nine hospitals indicated that they have a policy requiring that newborns leave the hospital in a child restraint.

County Health Departments

All 100 county health departments were surveyed. A letter from Dr. Ronald Levine, State Health Director accompanied each questionnaire which urged health departments to give serious consideration to undertaking as active a role as possible in child passenger safety education.

Eighty-four health departments responded (84%). Of those responding, thirty-three health departments loaned seats through their facility. Thirteen of these are primarily operated by local service groups. Forty-six health departments refer clients to area loaner programs. Seventy-three departments distribute literature and/or discuss child passenger safety with parents.

The surveys proved to be very beneficial in providing details about child passenger safety activities across the state and in serving as verification of input received through quarterly reports. All those requesting information received packets which included details on how they could participate in the GHSP/HSRC matching seat program. Continued follow-up of those indicating interest in establishing a loaner program will take place in the 84-85 contract period.

Current Status

There are currently 125 ongoing loaner programs across the state offering 16,833 seats for rental (14,457 infant car carriers and 2,366 toddler seats). Appendix B provides a listing of Operational and Potential Loaner Programs. Local groups and agencies have received donations and grants to purchase 10,013 of these seats while the GHSP has provided 6840 through its mathcing seat program. Table 3 shows a 22 percent increase in the number of seats available since the end of Fiscal Year 1983 with a dramatic increase of 57 percent in the number of toddler seats.

Table 3. Loaner Program Rental Seat Inventory

Rental Seats	September 1983	September 1984	% Increase
Infant Car Carriers	12,317	14,457	17%
Toddler Seats	1,507	2,366	57%
Total Inventory	13,824	16,833	22%

The increase in toddler seats is due to the demand at the local level for loaner programs to provide child protection beyond the requirements of the existing law. The infant carriers only offer protection up to about nine months or 20 lbs. The enactment of the CR law and years of educational effort by the health and medical communities as well as loaner program groups has heightened the awareness of parents of the need for children beyond infancy to be restrained, thus the increased demand for seats which accommodate toddlers and older children. Over 50 programs now offer toddler seats.

Geographic Distribution

Ninety out of the 100 counties in N.C. have at least one loaner program. With nine potential loaner program groups identified, three will initiate their operations by October, 1984 in counties which do not currently have established programs. The map in Figure 1 shows the geographic locations of operational and potential loaner programs across the State.

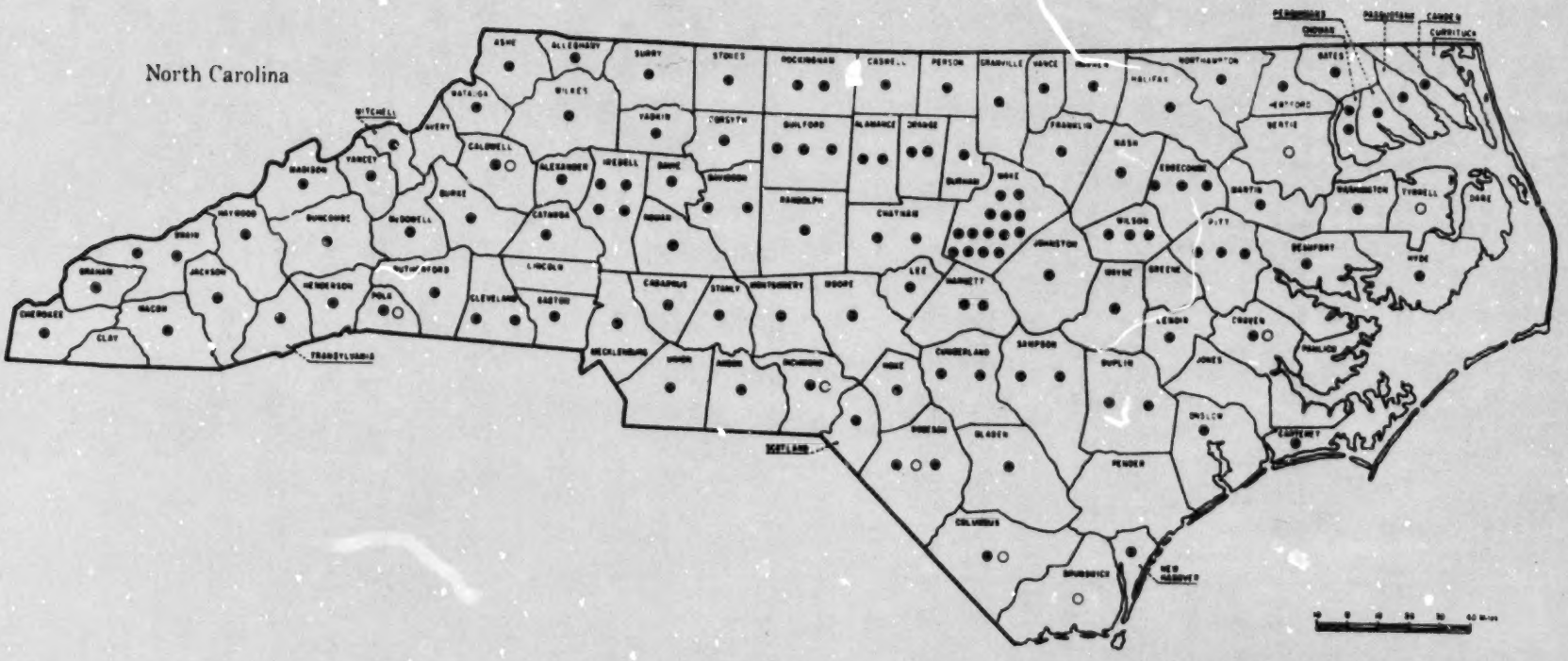
Eastern North Carolina has always lagged behind the rest of the state in interest and actual number of loaner programs. During this fiscal year, however, efforts by the Region I Coordinator of the NCCPSA (who is also HSRC's Regional Trainer) has resulted in a substantial increase in the number of programs in the northeast. HSRC has also worked closely with the Caswell Center in Kinston, N.C. in building interest and support in the southeast section of the state. Caswell Center has a project involving 16 counties which is aimed at reducing the incidence of developmental disabilities by a comprehensive, coordinated regional/local prevention program. One of its main objectives is to help establish local CPS education and loaner programs. The Caswell Center has coordinated efforts with HSRC, often referring groups to the HSRC. It has also served as a networking facilitator for the counties in NCCPSA Regions 2, 3 and 4. Several new loaner programs have resulted by this cooperative effort.

Types of Groups Involved and Program Settings

Loaner programs continue to be primarily operated by the same types of groups -- service groups (Jr. Women's Clubs, Jaycettes), hospital and health department staff and extension homemakers. A new group, the American Red Cross has expressed interest in establishing loaner programs through their local chapters and in fact have an operational program in Wilmington.

Many of these groups continue to work cooperatively sharing the responsibilities in maintaining a loaner program. Most often this joint effort

Figure 1. Geographic Locations of Operational and Potential Loaner Programs



Programs

- ● Operational
- ○ Potential

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exists when a loaner program is operated in a health department or hospital setting. More and more programs are being initially established in these types of settings or an existing program's base of operation is being transferred from a home(s) setting to a larger program offered through a health department or hospital where they can handle and maintain larger inventories and can rely on a greater pool of professionals and volunteers to administer the programs.

Of the 125 loaner programs, 38 loan seats from health departments, 30 from hospitals, and 22 from homes. The remaining 34 programs loan seats from a variety of facilities, mainly small businesses or club offices, libraries, and home extension agencies.

Loaner Program Size

As shown in Table 4 there has been a continual growth not only in new programs over the last three years, but in the number of programs offering more than just a minimal number of rental seats within their community.

Table 4. Distribution by Size of Local Loaner Programs

No. of Infant/ Toddler Seats in Loaner Program	1982 Number of Programs	1983 Number of Programs	1984 Number of Programs
1-25	23	28	12
26-50	16	22	28
51-100	20	30	36
101-200	10	20	26
201-300	5	12	12
301-500	4	6	9
500+	1	1	2
	79	109	125

Those groups electing to continue loaning out seats have, in most cases, also expanded their inventory of seats. The demand at the local level continues

to be for toddler seats, perhaps because they are in such short supply. As noted earlier, with the addition of new programs along with program expansion, the number of toddler seats available to N.C. families has increased by 57 percent.

Approximately 75 percent of the available seats offered through loaner programs are rented out at any given time. Many of the programs have dropped their use of waiting lists (especially for infant car carriers) because of the additional administrative burden of trying to contact people, many of whom have already purchased a seat when reached.

Local Involvement

With more and larger loaner programs being implemented, the number of professionals and volunteers needed to maintain these programs continues to grow. Currently there are 196 professionals and 547 volunteers directly involved in demonstrating and renting out seats. In volunteers services alone, it is estimated that this effort represents a minimum value of nearly $200,000 per year.

As indicated earlier in the section entitled, "Educational Activities," Local involvement has transended merely renting out seats. These local CPS advocates are particularly active in educational efforts within the community. The greatest interest is in educating young children in day care, grades K-6 and teenagers.

Training Volunteers and Professionals

HSRC continues to believe that proper training of loaner program groups is essential. It is the number one protection against liability and it is important that parent's be instructed how to properly place their child in a seat and attach the seat to the car to prevent or reduce the problem of parental misuse of these devices.

As in previous years, HSRC staff and selected regional trainers have conducted training workshops across the state as well as in-house workshops on as needed basis. One major difference this year has been a significant increase in requests for retraining of local groups, especially for service groups. With the turnover in club membership and reassignment of loaner program projects to different club members, many of the clubs have been faced with an on-going loaner program and no one trained to properly instruct parents. Table 5 lists the groups trained during this contract period.

Along with training HSRC continues to provide CPS materials to all ongoing and potential loaner programs free of charge. These materials are distributed by loaner program groups to parents, often times during the seat demonstration procedure. Another important part of training and educating loaner program groups is keeping them abreast of current research, national and state activities and assisting them in overcoming the problems associated with maintaining loaner programs. One of the ways this is accomplished is through quarterly mini-reports to all existing programs. Through these reports specific problems and solutions are addressed along with updated state and national information.

Utilization of Quarterly Reports and Mini-Reports

HSRC's role is one of an advisor to loaner programs. In order to help these programs, HSRC utilizes the quarterly report as a learning tool. Through daily telephone contact and correspondence with loaner program group representatives HSRC is made aware of an array of concerns, problems and activities of all the programs. To gain further knowledge, for example, about a particular problem or how groups protect against liability, etc., HSRC will ask a related question on the quarterly report to obtain input from all the groups.

Table 5. Loaner Program Training Workshops

Date	Training Location	Instructor	Group(s)
10-11-83	Farmville	Pat Alexander Tar River Civitan Club	Farmville Jr. Women's Club
10-25-83	Wilson	HSRC	Wilson Memorial Hospital
11-16-83	Yanceyville	HSRC	Caswell County Health Dept.
11-30-83	Spruce Pines	Susan Goldsmith McDowell Co. Extension Homemakers	Spruce Pines Jr. Women's Club
	Edenton	Pat Storie Chowan Co. Health Dept.	Camden County Health Dept.
1-4-84	In-house	HSRC	Hoke County Health Dept. Womack Army Hospital
3-28-84	Oxford	HSRC	Granville Hospital
4-10-84	In-house	HSRC	Johnston County Health Dept. Alamance County Hosp. Aux.
4-26-84	Greenville	HSRC	Pitt County Hospital
4-27-84	Brevard	HSRC	Transylvania Co. Comm. Hosp.
5-2-84	Brevard	HSRC	Wake County Medical Center
6-5-84	Greenville	HSRC	Tar River Civitans
6-20-84	Columbia	Pat Storie Chowan Co. Health Dept.	Tyrrell County Health Dept.
6-27-84	Goldsboro	HSRC	Goldsboro Jr. Woman's Club
7-12-84	In-house	HSRC	Columbus County Health Dept.
7-25-84	Manners	HSRC	Boone Trail Medical Ctr.(#1) Harnett Agricul. Ext. Serv.
8-24-84	In-house	HSRC	Forsyth Memorial Hospital Stokes County Health Dept.
8-30-84	In-house	HSRC	Anderson Creek Medical Ctr.

Once the quarterly reports are returned, responses and comments are reviewed and a summary is prepared in the form of mini-reports as referred to earlier. HSRC also researches problems or innovative ideas brought to our attention through the comments section of the quarterly reports or outside sources and provides feedback via the quarterly mini-reports.

The following information highlights some of the most important concerns and issues that have been addressed in the quarterly reports and subsequent mini-reports.

- With many program contracts expired (or expiring) HSRC was concerned about how many of the groups operating these programs were planning to continue loaning out seats. Out of 73 responses to the question, "Within the next year, what are your plans?" 38 stated they would purchase additional seats to expand their program size, 25 said that they would continue the program, but not purchase any more seats, 9 said they would seek assistance from another group to help rent out seats and 8 planned to turn the program over to a new group entirely. [illegible] programs stated that they would expand if needed or would expand the education aspect of their program. (Please note, that some groups stated more than one option.) HSRC was quite encouraged by the responses which indicated that the majority of groups who responded would not stop renting seats once their two-year commitment was up.

- A major concern of HSRC is whether or not volunteers provide instruction to parents on how to install a rental seat in the family car by actually going outside to the rentee's car and demonstrating this procedure. Out of 73 responses to the question, "How do you demonstrate properly attaching the seat to the car?" 58 stated that they go out to the rentee's car, 4 used demonstration auto seats and 3 went out to the car or used a demonstrator. The eight who responded that they did not demonstrate this procedure at all will be contacted and urged to do so.

• Unlike previous years, this year many groups were indicating a significant increase in the number of seats lost. Out of 73 responses the following list identifies the number of seats lost since their program started and why.

	# Lost
Non-return (past due more than 6 months)	776*
Auto accident (retired seat)	27
Damage due to abuse of seat or missing parts that have not been replaced	90
Theft out of rentee's car	14
Theft out of storage area	3
Cleanliness (e.g., bug infestation)	15
Other	23
# Programs experiencing no loss	12

*Of the 776 seats lost due to non-return, one program's loss accounts for 485 of those seats.

As a result of this loss experience, HSRC investigated alternative ways short of swearing out a warrant to retrieve seats. HSRC is currently working with the Attorney General's office on a pilot program in the Charlotte area to obtain quick access to phone numbers and addresses of rentee's who have moved and are difficult to contact. The Division of Motor Vehicles also provided information on how to utilize the rentee's driver's license number and license plate.

Thirty-seven of the 90 seats reported to have been damaged are actually defective Century Infant Love Seats. HSRC had sent out a bulletin to all loaner programs warning them of a defect in the composition of the plastic used in the

seats which caused them to crack. HSRC worked with Century Products on this problem and Century agreed to replace the defective seats free of charge. Loaner programs were asked to report such defects to HSRC so as to determine the size of the problem.

The "best part" of the seat loss response was that 27 seats were reported to have been retired due to a rental seat being used at the time of an accident. The ability to provide this type of positive feedback, i.e., "loaner programs are saving lives" to groups gives incentive for volunteers and professionals to continue loaning out seats.

- A major turnabout during this contract year has been the increasing number of programs who notified HSRC that they were turning over their program to a new group. Closely related to this problem is the number of clubs who have virtually turned over their membership and have no current member who they feel is adequately trained to loan out seats.

HSRC tried to ascertain through the quarterly reports, just how many members of each group or agency currently involved in the loaner program had been trained by 1) an HSRC instructor, 2) an HSRC regional trainer, 3) a group member, or 4) had never been trained. Out of 68 responses only 31 percent of the volunteers and professionals operating existing programs were trained by HSRC staff, 6 percent were trained by regional trainers, 60 percent were trained by group/agency members and 2 percent were not trained by anyone. In one case, the person completing the questionnaire didn't know whether her group had been trained or not.

The quality of training or lack of training is of major concern to HSRC. As stated earlier, one of HSRC's major areas of emphasis was educating the public to reduce the probability of misused seats. With the cutback in funds and staff, it would be extremely difficult, if not impossible to meet all the

training needs if all the groups requested additional training. However, in the future, HSRC must continue to stress the fact that loaner programs can and need to seek additional training. Many programs are not aware that HSRC provides this service beyond the initial training when the loaner program starts up. The only feasible way to handle a substantial increase in training requests in the future is through HSRC's in-house training workshops and assistance of current and additional regional trainers.

One of the ways HSRC staff prepares for these training workshops is by participating in HSRC's in-house loaner programs. These programs have been invaluable learning tools.

HSRC In-House Programs

New and varied models of child safety seats keep coming on the market and the HSRC staff continues to monitor these developments. The majority of information on new products is obtained through formal and informal contacts wth the manufacturers' representatives and attendance at conferences where these new products are displayed.

HSRC established a Try-Before-You-Buy Program several years ago to complement its ongoing infant loaner program and to evaluate new models of seats provided by the manufacturers. It also served as a much needed community service by providing parents an opportunity to try out a variety of seats before actually purchasing one.

This program was a valuable source of information for the staff who were, in turn, working with loaner/rental programs around the state. In the past year there was a marked decrease in the public utilization of this program because HSRC was no longer running an infant seat rental program and did not see parents at the stage where they were wanting a toddler safety seat. (HSRC turned over its infant car seat loaner program to a new group in September, 1982.)

Decreased utilization was one reason it was decided to phase out the TBYB program during this fiscal year. Other reasons were decreased funding for the child restraint program overall and, thereby, decreased staff time for any in-house programs. Most of the toddler seats on hand at HSRC have been passed on to other loaner/rental programs. A few infant and toddler seats were retained for the remaining in-house Special Use program.

The Special Use Program is designed for members of the local community who need to rent a seat on a short term basis, usually from one to two weeks. Some examples would be visitors, premature arrival of a baby, referral from the local hospital, etc. During the project year, there have been 81 Special Use rentals. The service is primarily publicized by word of mouth rather than more widespread means because of limited staff time earmarked for this program.

HSRC has also continued the tether anchor installation for this fiscal year with essentially the same goals as in the past. A thorough discussion of the program's purposes and findings can be found in the 1983 Progress Report. In this fiscal year the average numbers of installations are 8 per month. The experience gained from this valuable public service continues to provide information which is passed on to other programs.

Expanding Funding Base

MacDonald's

HSRC has continued to seek additional funding in support of its child passenger safety activities. MacDonalds Corporation was targeted last fiscal year as a potential source of support and financial assistance. HSRC worked closely with MacDonald's advertising agency during their national seat belt promotion campaign entitled, "Make-It-Click". As a result the MacDonalds Restaurants of Eastern Carolina donated 90 toddler seats to be distributed by HSRC to on-going loaner programs.

N.C. Motor Carriers Association

The NCMCA is committed to strengthen child passenger safety on our highways. The Association initiated their "Care-Go" project in which they started a drive to obtain pledges from truckers to raise enough money to purchase 1,000 convertible safety seats. The GHSP/HSRC has agreed to match the Association seats on a one to four basis. These seats will be distributed to those loaner programs across the state who are willing to match the Association/GHSP seats on a one for three matching basis. Groups in many cases will have to renew or continue their GHSP contract in order to qualify for the matching toddler seats.

GHSP Contract Status

When loaner program groups participate in the GHSP/HSRC matching seat program, they must make a two-year commitment to loan out seats. When groups request additional seats and submit an amendment to their original contract, they also extend their obligation for another two years.

As stated in previous reports, HSRC is always concerned about the loss of communication as groups fulfill their commitments and no longer have to submit quarterly reports. It is inevitable that loaner program contracts will expire. Particularly in this fiscal year, many contracts have expired. As of September 30, 1984, seventy-seven loaner programs out of 125 will no longer be required to submit quarterly reports. However, it does appear that most will continue to loan out seats or turn them over to a new group. No one has reported that they will stop renting seats and also not look for a new group to run the program. Several groups aren't quite sure what they will do in the future.

Some contracts will be renewed during next fiscal year for those who want to receive toddler seats through the N.C. Motor Carriers Association's "Care-Go"

Project. There will also be new programs coming on board. HSRC is also looking into some type of incentive program that would make the loaner programs want to complete the quarterly questionnaires on a voluntary basis.

Future Plans

HSRC is still faced with a reduced level of funding compared with prior years. HSRC cannot offer unlimited matching seats as it once did. This creates a problem in that it takes away a major incentive to expand programs and thereby extend loaner program commitments.

The future lies in the establishment of loaner programs in a health or medical setting where professionals are committed by agency/institutional policy to maintain a loaner program as a part of their services to the community. This will guarantee that loaner programs will evolve into an integral part of the daily operation and workload of health care professionals. That is not to say that service groups aren't as important, but rather the strongest, most viable program is one in which service groups work with professionals in a health department or hospital setting. HSRC will continue to pursue the possibiity of health departments and hospitals playing a much greater role in providing education to parents as well as making child safety seats available through their facilities.

HSRC will also continue the emphasis on reducing the misuse problem by encouraging loaner program groups to assure that each volunteer and professional has been properly trained and can provide accurate instructions to parents. The HSRC guide books, "Infant Safety Seat Loaner Program: A Guide for Health Professionals in a Hospital Setting," and "Infant Safety Seat Loaner Program: A Guide for Service Groups" are being revised and will emphasize the misuse problem and how to reduce the size of the problem through proper training and educating volunteers as well as parents.

PRODUCTION OF EDUCATIONAL MATERIALS AND PUBLIC INFORMATION AND EDUCATION (PI&E) ACTIVITIES

Public Information and Education Activities

Two major child passenger safety events were the focal points of the public information activities this year: 1) the enactment of the final phase of the child restraint law (July 1), and 2) the North Carolina Conference on Child Passenger Safety in conjunction with the North Carolina Child Passenger Safety Week (September 6 and 7).

The final phase of the law required educating the public to the fact that warning tickets could now be replaced by a $10 fine plus court costs. The strategy was to treat the change in the law as a news story for July 1 with public service announcements distributed as a follow-up in August. A news release with corresponding audio feed (radio interview) through the UNC News Bureau was distributed statewide. The release emphasized the effects of the new phase and explained the benefits of the first two years of the law. The release generated 15 to 20 calls from newspapers, radio and television stations and resulted in additional stories.

Working with the Governor's Highway Safety Program Public Information and Education Coordinator and the Agency for Public Telecommunications, a public service television and radio spot were produced and distributed in August. The spots were enforcement-oriented while emphasizing "it's a loving law." A deputy sheriff and a municipal policewoman were featured.

The North Carolina Conference on Child Passenger Safety and the North Carolina Child Passenger Safety Week were announced through a news release that included a proclamation from Governor Hunt. A post-conference news release identified award recipients and highlighted major events. Individual news releases were sent to hometown newspapers of conference attendees who filled out a form available at the conference. Conference-associated publicity also

included the announcement of the safety seat donations of the North Carolina Motor Carriers Association and MacDonald's Corporation, and the presentation of a seat belt and safety seat resolution by the National Independent Automobile Dealers Association.

Other media activities this year included the following:

* working with WTVD-TV (Durham) on a follow-up story on an unrestrained child's death,
* a Christmastime news release (December 1983),
* development of Christmastime television and radio public service announcement (for use December 1984),
* development of a general television and radio public service announcement on how automobile accidents remain the number one killer of children well beyond the age covered by the law.

Development and Production of Educational Materials

HSRC has continued to supply educational materials to child passenger safety advocates in the form of brochures, posters, handout materials, newsletters, and audio-visual presentations. This year 60,000 "It's Your Child's Life" brochures, 3,000 copies of "Totline" newsletter, and 10,000 NCCPSA membership brochures were reprinted. Fifty copies of "Safety Seat Loaner Programs, Protecting Your Community's Children," a slide/tape program for training local loaner programs, were reproduced and distributed. Other materials distributed include "Your Best Baby Sitter" poster and "Now There's a Law" poster. Negatives of "Your Best Baby Sitter" poster were provided to the Caswell Center's Project First Step. The negatives were used to print placements for use in the maternity section of Lenoir Memorial Hospital in Kinston, with plans for expansion to other eastern North Carolina hospitals.

Child restraint research and evaluation along with changes in the safety seat market require materials to be constantly revised and updated. This year a new version of the "It's Your Child's Life" brochure was developed. Because of

the severity of the misuse problem (documented by HSRC research), the text of the brochure has been revised and expanded in an effort to assist parents to choose the seats that they are most likely to use correctly everytime they travel with their children. The advantages and disadvantages of each type of seat are explained. A new category of seat, the safety vest, has been added. Eight new illustrations have been incorporated to clarify correct usage. Every child restraint manufacturer has been contacted and all new products and information introduced into a new list of seats available.

The Totline newsletter is another vehicle used to disseminate new or updated information. Usage rates and deaths and injury statistics are reported along with summaries of the legislative report. New handout materials were developed and incorporated into the newsletter. HSRC is in the process of competing an issue that details misuse, showing the mistakes that are typically made and providing a handout sheet for reproduction. This issue will also cover the annual conference and prepare advocates for the upcoming legislative activity concerning the law. A handout sheet on the safety seats currently available and a buyer's guide is also in the process of being updated and reproduced.

NORTH CAROLINA ACCIDENT EXPERIENCE AND EVALUATION OF THE CHILD RESTRAINT PROJECT AND LAW

As has been seen in the preceeding sections, much work has been done during the 1984 project year to continue to make parents aware of the need to protect children in cars and to convince them to provide proper protection. There has been a shift towards greater utilization of the network of local child passenger safety advocates established during preceeding years to transmit these messages to parents in their communities. In 1982 state and local child passenger safety advocates gained the most effective tool for prompting parents to protect their children with the implementation of the Child Passenger Protection Law.

HSRC staff have been evaluating the effects of project activities and the law through the analysis of accident data and through weekly monitoring of restraint usage and injury rates of accident involved children. A brief analysis of restraint usage rates for young children shows that these activities throughout the years have been successful, but that there is still much room for improvement.

Analysis of 1983 North Carolina Accident Data

In order to obtain a broad perspective of the NC accident experience for children over the past few years, we examined data from the NC accident files from the Division of Motor Vehicles. Table 6 lists the percentage of restrained 0-5 year old occupants and number of fatalities in reported NC traffic accidents since 1974.

It can be seen that over the years the general trends are in the desired directions. Restraint usage has increased and the number of fatalities have decreased. As indicated by these figures, there are definite differences between the years prior to 1979 and later. For the years 1974-1978, the

Table 6. Restraint Usage for All 0-5 Year Old Occupants in North Carolina Crashes, and Number of Fatalities Per Year.

Year	% Restrained*	# Killed**
1974	5.4%	28
1975	5.0%	29
1976	4.6%	26
1977	5.9%	28
1978	4.7%	36
1979	7.0%	24
1980	10.5%	18
1981	11.0%	22
1982	17.4%	17
1983	25.1%	21

*Either by a safety seat or belt, DMV data.

**Four fatalities, one each in 1981 and 1982 and the other two in 1983 were restrained at the time of the accident. All of the other fatalities were unrestrained, Medical Examiner data.

percentage of restrained children under the age of six averaged 5.1 percent whereas during 1979-1983 the average was 14.2 percent, a 178 percent increase. At the same time, the average number of children under the age of six killed during 1974-1978 was 29.4. This average decreased 31 percent to 20.4 killed during the years 1979-1983. The significance of the difference between these time periods can be understood when viewed in light of the developments of the GHSP/HSRC Child Restraint program. The first HSRC Child Restraint project started in October, 1977. After initial background research, planning, and development of materials, the educational campaign was actually begun in the summer of 1978 and developed progressively. It appears that the initial intervention introduced by this program -- education -- was somewhat successful in reducing death and injury to children. While it would be a nice boost to the egos of the project staff members to claim that increases in restraint usage rates and accompanying decreases in deaths and injuries have been completely a result of this project, there is no valid way to make this claim. Attention is

focused on child passenger safety in the newspapers, magazines, television and radio, and in conversations among friends and relatives. Parents learn of the need to buckle up their children from those sources that may or may not be a part of the GHSP/HSRC project. However, it is felt that much of the increased attention to the car safety problem has been a result of this project. The climate of interest is fostered by the GHSP/HSRC and parents are being provided with accurate information to enable them to properly protect their children.

Also of interest in these figures is a plateau that was reached in terms of percentage of children restrained and, to some extent, the number killed. There were sharp increases in percent restrained, and decreases in number of children killed between 1978, 1979, and 1980. However, between 1980 and 1981, the percentage restrained remained virtually the same and there was actually an increase in the number killed. Although this "increase" probably reflects the instability in the limited data points, it appears that a plateau might have been reached with educational efforts alone. During 1982, another intervention mechanism, the new Child Passenger Protection Law, went into effect and the restraint usage rates increased nearly sixty percent from 11 to 17.4 percent in 1982 and increased another forty-four percent to 25.1 percent in 1983. (Note that the law affects only part of this group, the 0-1 year olds.) Unfortunately, there has been little, if any, effect on the number of fatalities since then. Possible reasons for this situation will be discussed later.

Table 7 more closely examines the 1983 accidents to identify relationships between restraint use, injury, and age. Past studies of observed restraint usage rates tend to show definite and large differences between restraint usage for infants (age 0-1) and usage for toddlers (2 years and older). This large difference shows up in these accident data as well. Of those children aged one

Table 7. Restraint usage by injury by age. 1983 N.C. accident files.

	Infants (Age 0-1)				Toddlers (Age 2-5)				Restraint Use (Age 0-5)
	K-A Row %	B-C Row %	None Row %	Total Col %	K-A Row %	B-C Row %	None Row %	Total Col %	Col %
No Restraint	2.2% (26)	12.5% (148)	85.4% (1015)	51.7% (1189)	1.8% (154)	15.0% (1323)	83.3% (7343)	78.9% (8820)	74.2% 10009
Restrained (Belts and CRD's)	0.9% (10)	4.2% (46)	94.9% (1033)	47.4% (1089)	0.9% (20)	9.2% (210)	90.0% (2063)	20.5% (2293)	25.1% 3382
Adult Belts	0.9% (2)	9.9% (21)	89.2% (189)	9.2% (212)	1.0% (16)	8.8% (135)	90.2% (1392)	13.8% (1543)	13.0% 1755
CRD	0.9% (8)	2.9% (25)	96.2% (844)	38.2% (877)	0.5% (4)	10.0% (75)	89.5% (671)	6.7% (750)	12.1% 1627
Missing	0.0% (0)	15.0% (3)	85.0% (17)	0.9% (20)	5.6% (4)	62.5% (45)	31.9% (23)	0.6% (72)	0.7% 92
Total	36	197	2065	2298	178	1578	9429	11185	13483

or less, 47.4 percent were restrained by adult belts or safety seats while only 20.5 percent of the 2-5 year olds were restrained in any manner.

A close examination of this data reveals that those children who were using some type of restraint were much less likely to be killed or seriously injured in crashes. Of the 21 children (10 infants and 11 toddlers) who were killed, two were restrained at the time of the accident. It should be noted, however, that the restraints used in these two cases were grossly misused. When fatalities and incapacitating injuries are combined (K+A), it can be seen that 2.2 percent of the unrestrained infants and 1.8 percent of the unrestrained toddlers were killed or seriously injured while 0.9 percent of the restrained infants and 0.9 percent of the restrained toddlers were killed or seriously injured. These figures roughly indicate that the use of safety seats or belts resulted in a 60 percent reduction in death or serious injury for infants and a 50 percent reduction in the same for toddlers. Conversely, there was 11 percent and 8.0 percent increase in the proportions of restrained infants and toddlers who received no injuries at all. The use of restraints also appears to result in approximately a 66 percent reduction in moderate and minor (B-C) injuries for infants and 39 percent reduction for toddlers.

Restraint Effectiveness Evaluation

During this project year an important study evaluating the effectiveness levels of safety seats and belts in reducing fatalities and serious injuries was carried out by HSRC staff through funding provided through other sources (Hall, et al., May 1984). Effectiveness estimates were based on a sample of 2000+ parents and/or drivers of children less than four years of age involved in North Carolina motor vehicle accidents who were interviewed by telephone after the accident. These sampling and interviewing procedures, carried out in conjunction with the N.C. Division of Motor Vehicles, provided supplemental

restraint and injury data for these children. The analysis of the data thus obtained verified previous estimates of the potential of safety seats and belts for preventing serious injuries and fatalities and also provided an estimate of the loss of protection related to the misuse of safety seats. When the rates of children less than age 4 suffering severe head or fatal injuries were compared across all levels of crash severity, safety belts were shown to be 59 percent effective in reducing severe head and fatal injuries, improperly used safety seats were 48 percent effective, and properly used safety seats were found to be 81 percent effective.

The reduced effectiveness levels for misused safety seats is tragically illustrated by the two fatalities to restrained children in 1983. In one case, a three-month old, fifteen pound infant was being carried in a household "feeder seat" that was placed front facing in the center rear position with the vehicle lap belt placed around the feeder seat and the child. The infant's car struck another car in the side at about 30 mph, an easily survivable accident as evidenced by a restrained two year old sitting beside the infant who received only minor injuries. Due to the type and front facing orientation of the carrier, this infant was in essence restrained only by the lap belt and died from internal injuries resulting from contact with the belt. Children less than 20 pounds should not be restrained by a lap belt only and are truly protected only when they are in a rear facing dynamically tested safety seat.

The second restrained fatality was to a five year old girl who was in an improperly installed toddler seat in the right front position of a Volkswagen struck head on by another car at a high rate of speed. Subsequent investigation revealed that the VW did not have front seat belts and the seat was installed by a homemade strap around the seat and the child. The seat in use required the use of a top tether strap to meet Federal Standards, but the tether was not used

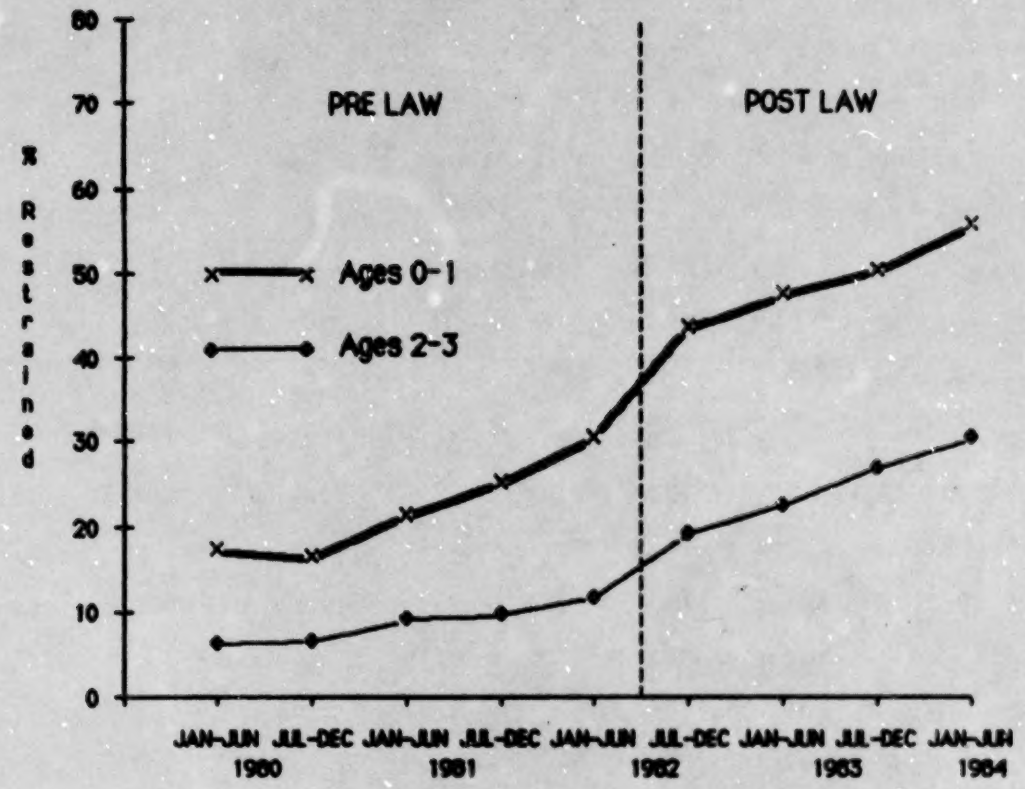
and the child outweighed the upper weight limit for the seat by 20 pounds. These factors combined led to internal and head injuries sufficient enough to prove fatal.

These two cases, along with the analysis showing 41 percent reduced effectiveness for misused safety seats, serve to indicate that efforts need to be continued to stress the importance of using safety seats properly to parents.

Evaluation of the N.C. Child Passenger Protection Law

Analysis of the N.C. Division of Motor Vehicles accident files since 1980 helps to reveal the impact of the N.C. Child Passenger Protection Law and the related efforts on restraint usage rates and on fatal and serious injury rates for young children involved in North Carolina accidents. Figure 2 plots restraint usage rates for children less than two covered by the law and two and three year old children, originally included in the law but later amended out, since 1980 through June, 1984. As can be seen, usage rates for both the 0-1 and 2-3 year olds gradually increased from 1980 through the first half of 1982 and then increased sharply in the second half of 1982 after the law went into effect and have continued to rise since. The extremely large difference between usage rates for the younger and older children across the years can readily be seen. For all time periods prior to July - December 1983, usage rates for the older children were less than half those of the younger children. It appears that the protection gap might be slowly closing, perhaps due to spillover from parents continuing to buckle up their children even after they are no longer subject to the law. These same trends can be more precisely examined when looking at weekly usage rates.

Figure 2 Restraint Usage Rates for Accident Involved Children Less than Four, 1980-1984



Beginning some months before the effective date of the Child Passenger Protection Law, HSRC and the Division of Motor Vehicles established a special procedure to assure timely monitoring of restraint usage rates in crashes involving children less than four years old.

Weekly summaries are shown in Figure 3. The higher trend line traces the growth of restraint use for children less than two years old who are subject to the law. The lower line shows the use trend among children two and three years old, an age group not subject to the law.

Bear in mind that these trends are based on crash data, and are not drawn from field observations of the population at large. This point is made because of previous findings that restraint use in crashes is often only about half of what is seen among drivers along the roads.

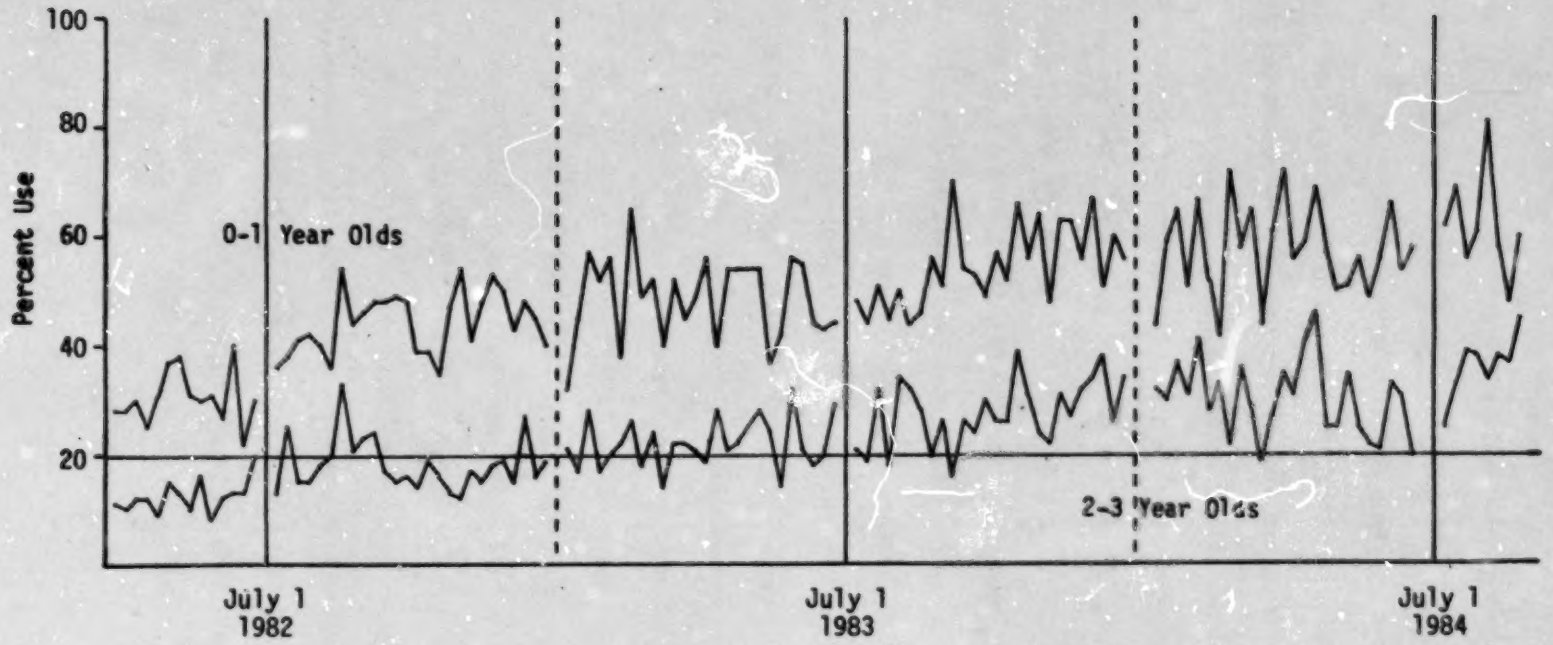
Also note that the "pre-law period" shown was the 15 week period immediately prior to the effective date. Thus, this pre-law period had experienced statewide publicity concerning the passage of the law and usage rates had already begun to increase.

During the pre-law period, restraint use for the younger group averaged about 30 percent, varying from 20 to 40 percent over the weeks. For the older group not subject to the law, restraint use was 10-15 percent.

During the first year of the law, the educational phase when only warning tickets were given out (and not many of them), restraint use increased dramatically among those subject to the law, and averaged nearly 50 percent for the second half of that year. For the older children, there was a gradual but steady growth reaching above 20 percent by the end of that first year of the law's existence.

During the second year of the law, also a warning ticket period, growth again spurted among the younger children, reaching near 60 percent on the

Figure 3. Weekly Child Restraint Usage Percentages



53

54

average. Again, use rate growth continued among the older children, reaching about 30 percent by year's end. Part of the reason for the growth in the older group is hopefully that some of the children previously subject to the law moved up to the group not required to be restrained, but some of the parents had the good judgment to continue to use protection devices for their children.

The enforcement phase of the law began July 1, 1984 and a fine plus court costs can now be assessed to violators. It is too early to see a solid trend developing, but at least in the first eight weeks, the values for both age groups appear to be up somewhat.

One point of emphasis is to consider the percent of children that would be restrained in NC crashes if there were perfect compliance with the law. That is, what overall proportion of children in the age group would be restrained if everyone subject to the law buckled up their children, and no one else did so. The figure would not be 100 percent because of exemptions to the law. For example, crashes involving out of state cars are not subject to the NC law. Likewise, anyone who is not a parent or guardian of the child being transported would not have to buckle up the child.

Of course, we cannot know with any certainty what that proportion is, but we estimate that 70 percent of children of the appropriate age exposed in crashes are subject to the law (parent driver of family vehicle with available seat belts) To the extent this statement is true, the use levels now being seen indicates very good compliance with the law.

Of course, the primary goal of prior and current educational and legislative activities is to decrease the number of children being killed and seriously injured in automobile accidents. As will be seen, these efforts have increased restraint usage rates enough to have saved a significant number of children from serious injury or death, but there is still much room for improvement.

If only the actual number of fatalities to children less than two are examined, then it would appear that the Child Passenger Protection Law has had little or no impact. There were seven children less then two killed in car crashes during each of the years 1980, 1981 and 1982. In 1983, this number increased to ten and there were six during the first half of 1984.

In contrast, if one compares the children who are now restrained (perhaps due to the law to those unrestrained violators, large difference in death and injury rates are found. First, it is important to note that of the 22 children less than two who were killed since the law went into effect, only two were restrained. One of these two was the previously discussed three-month old improperly restrained and the other was a one year old properly restrained child involved in an accident that was unsurvivable for the rear seat occupants. As long as a large percentage of the children continue to ride unrestrained, these most unfortunate fatalities will continue to occur. Perhaps the most tragic aspect of this situation is that of the 20 unrestrained children who were killed, chances are that 16-18 of them would not have died if they had been restrained.

To further illustrate the beneficial effects of increased restraint usage, Figure 4 compares the fatal and serious injury rates for unrestrained vs. restrained children less than two since 1980 and Figure 5 makes this same comparison for 2 and 3 year olds. For both age groups, the children who are restrained at the time of the accident by either a safety seat or belt are much less likely to be killed or seriously injured. The average fatal and serious injury rate for unrestrained children less than two is 2.22 percent, but is only 0.67 percent for restrained children, a 70 percent reduction. For the older children, the average fatal and serious injury rate of 0.85 percent is a 50 percent reduction from the average rate of 1.74 percent for unrestrained two and three year olds.

Figure 4 Fatal and Serious Injury (K+A) Rates for
Accident Involved Children Less than Two, 1980-1984
Restrained versus Unrestrained

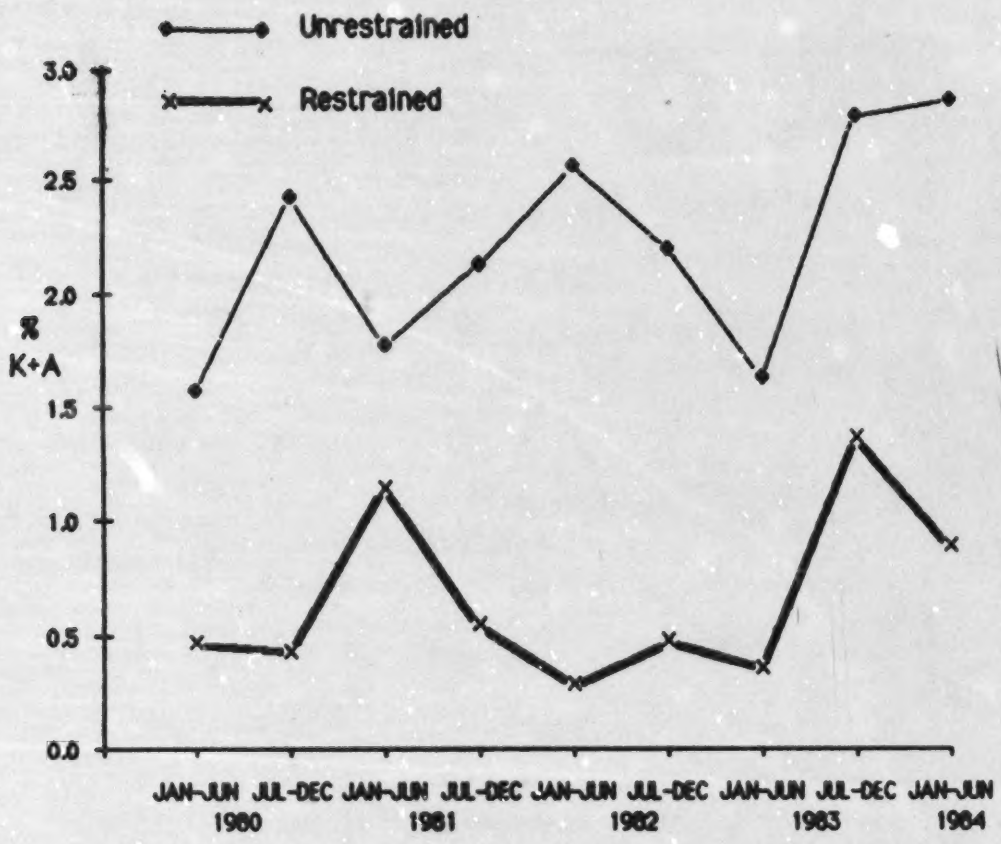


Figure 5 Fatal and Serious Injury (K+A) Rates for Accident Involved Children Two and Three, 1980-1984 Restrained versus Unrestrained

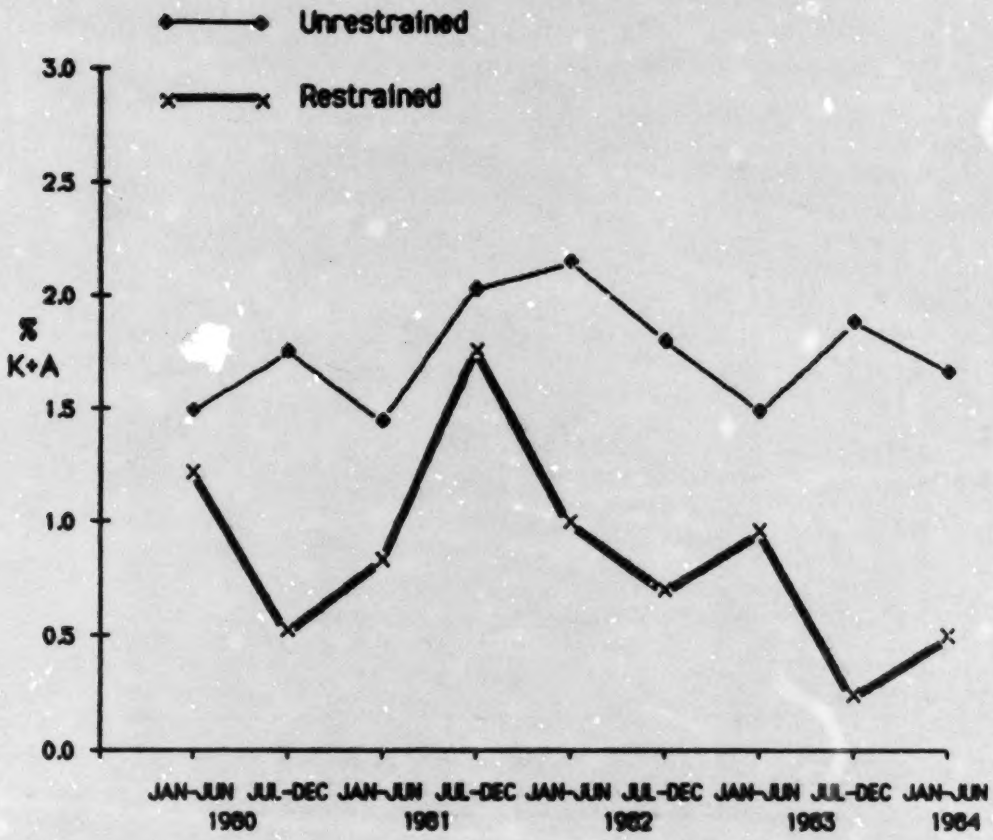
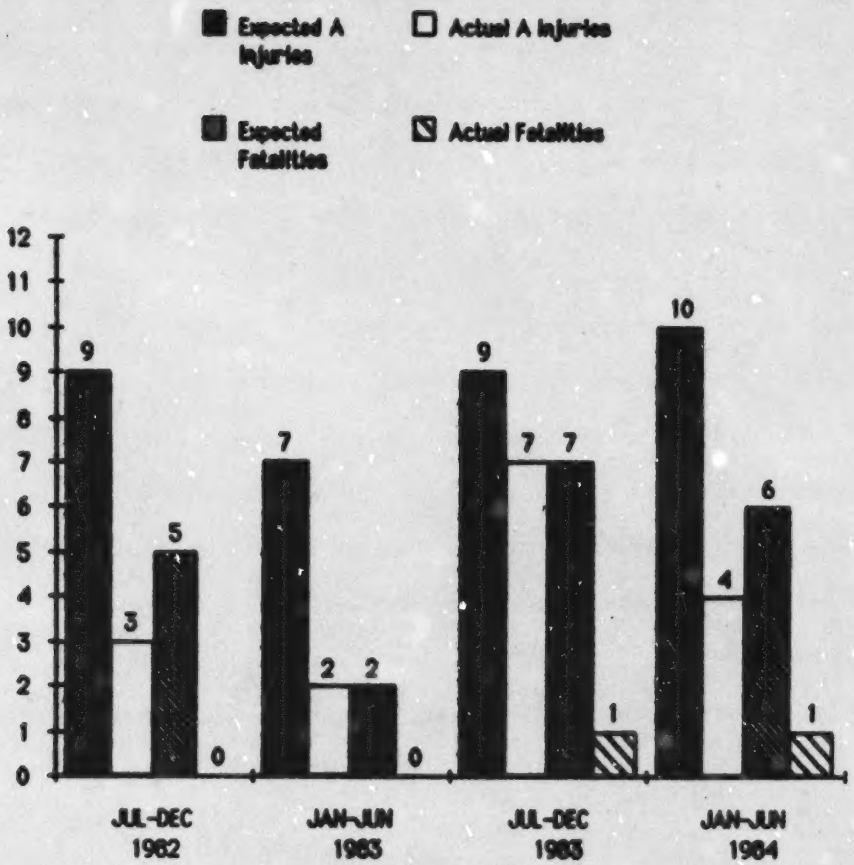


Figure 6 shows what these contrasting rates mean in terms of serious injuries prevented and lives saved since the enactment of the N.C. Child Passenger Protection Law. In order to make these estimates, the number of restrained children less than two during each six month time period was multiplied by the fatal and serious injury rate for unrestrained children during that same time period. This calculation yielded an estimate of the number of restrained children who would have been killed or seriously injured if they had not been restrained. By these estimates, we could have expected 35 serious injuries and 20 fatalities to restrained children less than two between July 1982 and June 1984. Instead, there were 16 serious injuries and 2 fatalities. Thus, it is estimated that 19 serious injuries have been prevented and 18 young lives have been saved since the enactment of the N.C. Child Passenger Protection Law.

It is obvious that this brief evaluation of the effects of the North Carolina Child Passenger Protection Law leads to some contradictory conclusions. On the positive side, restraint usage rates for children less than two involved in crashes have risen dramatically since the law went into effect and within this age group during the two year post-law period, 19 serious injuries were prevented and 18 lives were saved among those children who were restrained. On the other hand, the actual number of children less than two killed per year has not decreased as was hoped. The HSRC project staff will continue to closely examine the effects of the law in order to ascertain why this expected benefit has not been realized.

Several hypotheses will be examined in this more detailed evaluation. It is possible that the cars that young children are riding in are getting smaller and that as a result their crashes are becoming more severe. If this is the case, it would mean that the effect of increasing restraint usage has been to hold

Figure 6 Fatal and Serious Injury Prevented by Restraint Usage Since Law's Effective Date (July 1982 - June 1984) for Children Less Than Two



the number of children killed steady rather than allowing it to increase. It might also be the case that the 45 percent of children not restrained are being transported by drivers who are less careful drivers more likely to be violating other traffic laws, such as speeding, reckless driving, driving while impaired, as well as the Child Passenger Protection Law. It has been hypothesized in other studies of legislative effectiveness that restraint laws tend to protect already safe and law abiding drivers. If this is the case in North Carolina, we will need to find ways to get the children of these less-safe drivers protected. These hypotheses will be closely examined in the process of preparing a detailed report by HSRC to the N.C. General Assembly.

LONG RANGE GOALS AND OBJECTIVES: SUMMARY OF ACCOMPLISHMENTS

Prior to the beginning of this year's project efforts, two specific goals were established. These were:

1. Implementation of 20 new loaner programs bringing the total to 129
2. An increase in child restraint usage rates for children under six to 25 percent.

Currently the first specific goal, that of an increase of 20 loaner programs, will be met almost exactly by the end of this fiscal year. There are currently 125 loaner programs with four more to go operational in October, 1984 bringing the total number to 129 programs in existence statewide. As noted in the preceding section, much of the activity in loaner programs this year has been involved with transfering existing programs from one sponsoring group to another in a given town or from older members to newer members.

In terms of the second objective, it appears now that the overall rate has increased even more than the 25 percent goal. In the first six months of 1984, 30 percent of the accident-involved children less than six years of age were protected with a child restraint device or safety belt. This increased usage rate has continued to have an effect on the K+A injury rate experienced by these children. Whereas in 1981, the year prior to the implementation of the law, the K+A rate per 1000 involved children was 17.03, the companion rate for the first six months of 1984 was 16.43. This represents approximately a five percent decrease in the K+A rate. Of interest is the fact that both the belted and the unbelted serious injury rates have increased slightly since 1982, perhaps reflecting an overall trend to more serious accidents involving children since that time. Hypothesized reasons for this increase could include higher speed crashes, more small car involvement, or differences in travel patterns for

children. These interrelated questions will be examined in detail as HSRC staff prepare a report for the 1985 session of the N.C. General Assembly.

In addition to these more specific goals, from the inception of this work, the overall long-term goals of this project have been (1) "the continual development and maintenance of a network of child restraint advocates across the state, and (2) a strong, well-enforced mandatory usage law.

Obviously, both of these long-term goals are interrelated. Without a network of advocates willing to ask their local legislators for a stronger law, to meet with local police to request priority for enforcement of the child restraint law, and to provide the volunteer hours that are necessary to organize and run local child safety seat loaner programs and community education activities, no law, no matter how strong, will be effective.

The statewide child restraint network is in place. And even with the long-term threat of volunteer turnover, boredom and burnout, the network has continued to flourish during the past year. For the first time, a significant part of the education efforts have been conducted by local trainers (rather than HSRC staff). The North Carolina Child Passenger Safety Association has taken a much more active participatory role in the organization of North Carolina's Annual Child Passenger Safety Conference, and has continued to try to increase it's membership and influence within the state.

Even more encouraging is the fact that other child health advocate groups in addition to NCCPSA are already beginning to plan their strategy for the 1985 session of the legislature - the sunset year of the child restraint law. These groups are working not only to retain the existing law, but to strengthen it to cover a wider range of ages of children, to reduce the loopholes, and to make it a more protective tool. The importance of this movement to strengthen the law was reflected by the priority being placed on it at the 3rd. Annual North

Carolina Child Passenger Safety Conference. In the opening general session attended by the entire group of participants, a panel chaired by Representative George Miller (the sponsor of the North Carolina child restraint law) and consisting of Representative Martin Lancaster, and Senator Wanda Hunt, Chuck Hurley of the National Safety Council, and Elaine Lawless, Executive Director of the National Child Passenger Safety Association discussed the laws in other states and the probability for and ways to strengthen the North Carolina legislation. The feeling among participants was that the law has to be not only reenacted, but strengthened, and that they are willing to do whatever amount of work is necessary to succeed in this effort.

RECOMMENDATIONS

The intent of this year's project was to counteract low restraint usage rates for children through a comprehensive program of 1) educational activities, 2) establishment of additional loaner/rental programs, 3) development and dissemination of educational materials, and 4) monitoring of the N.C. accident data and evaluating the effectiveness of the law.

HSRC recommends that efforts in these four emphasis areas be continued in the upcoming 84-85 fiscal year of the GHSP funded grant. The following specific recommendations are based on our accomplishments and experiences during the 83-84 grant period.

Educational Activities

- o Work with local education and rental programs to establish innovative methods or programs to ensure that a higher proportion of restraint systems are used properly (such as local installation checkpoints or clinics).

- o Establish a network of experts across the state (and develop/accumulate necessary materials) to provide CPS education for older children in day care and elementary schools and for teen-agers in junior and senior high schools. The format could be set up like a speakers bureau whereby local experts would handle educational needs in their area upon request.

- o Provide manufacturers feedback regarding seat evaluation and urge them to develop innovative designs which would eliminate misuse.

- o The NCCPSA is growing in membership and activities, however, it is still young and vulnerable. It needs direction and administrative support. It is recommended that GHSP provide funding for an Executive Secretariat for the Association.

Establishment of Additional Loaner/Rental Programs

- o Continue expanding loaner programs, but instead of emphasizing hospital based programs, change the emphasis to health department based programs. HSRC will continue to encourage hospitals to establish loaner programs. However, in analyzing the survey responses from hospitals and health departments, the health departments are currently much more enthusiastic and involved in child passenger safety than are the hospitals. In addition, the health departments are more likely to serve a high priority target population -- those parents unable to purchase child restraints. It is recommended that HSRC try to establish a task force comprised of

representatives from the State Health Department, its Regional Offices and HSRC staff to work towards setting up loaner programs in every county health department across the state.

- o Many existing loaner programs are turning rental/training activities over to a new group of members or to an entirely different civic group. Some unknown level of training is being done. It is imperative that all professionals and volunteers involved in the actual rental process be adequately trained. It is recommended that several regional workshops be conducted. All existing and potential programs should be notified and urged to send representatives to a workshop in their area. This could be a joint effort of HSRC and the Department of Human Resources' Division of Health Services.

Development and Dissemination of Educational Materials

- o Much of HSRC's educational material is quite sophisticated and may perhaps be too complicated and overwhelming for some parents. It is recommended that HSRC develop simplified education and public information material targeted toward a less technically oriented audience. For example, HSRC could develop a second child restraint brochure (in addition to the "It's Your Child's Life, but It's Your Decision" brochure) with a narrower focus and less information. It could be limited to providing information about the basic requirements for safely transporting infants only. The brochure would also contain a shopping guide limited to only those seats suitable for infants (infant carriers and convertible models).

- o Place further emphasis in all materials on the importance of using restraint systems properly and provide guidelines for proper usage.

- o Develop and provide loaner programs with additional materials to more effectively work with the local media.

Monitoring N.C. Accident Data and Evaluating the Effectiveness of the Law

- o Strict enforcement of the law will be a key to increased compliance. It is recommended that some mechanism be developed to help community leaders, local boards, etc. insure that municipal and county police agencies place enforcement of the child restraint law at a high priority level.

- o The current Child Passenger Protection Law expires June 30, 1984. It is recommended that a network of child safety advocates be developed to work towards passage of a stronger law by:

  Increasing the age of children covered by the law to at least five years of age in 1985 from the current less than two years of age limitation and to increase the age of children covered by the Law in one-year increments after 1985 such that six-year olds are included in 1986, seven-year olds are included in 1987, etc., through at least ten-year olds in 1990.

Amending other existing limitations such that all children of the appropriate age riding in all passenger vehicles, regardless of their relationship to the driver, would be required to be properly restrained and that the "tending to personal needs" exemption be excluded.

Increasing the maximum fine levied against violators to at least $25.00 with the provision that judges would be allowed and encouraged to drop charges against violators who produce evidence of purchase or rental of a safety seat.

(The above measures to strengthen the law were endorsed by the NCCPSA membership at the 3rd Annual NC Conference held September 6, 1984.)

- Work towards passage of a law requiring provisional licensees (16 and 17 year olds) to wear their seat belts when driving.

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APPENDIX A

3rd Annual N.C. Child
Passenger Safety Conference
Program Agenda

APPENDIX A

North Carolina Child Passenger Safety Conference
and
North Carolina Child Passenger Safety Association Meeting
September 6-7, 1984
Sheraton University Center - Durham

Agenda

Wednesday, September 5

7:00 p.m. - 9:30 p.m.	Early Bird Registration - Convention Center Lobby Wine and Cheese Party - hosted by NCCPSA Region 5 - Suite 1004 Exhibit Area Open - Ballrooms A & B

Thursday, September 6

7:00 a.m. - 9:30 a.m.	On-Site Incentive Program at Grey Stone Baptist Day Care Center, Durham, NC (Shuttle available)
8:00 a.m. - 3:00 p.m.	Registration - 2nd Floor Balcony
8:00 a.m. - 10:00 a.m.	Coffee and Donuts - 2nd Floor Balcony (Exhibit Area)
8:00 a.m. - 6:30 p.m.	Exhibit Area Open - Ballrooms A & B
8:30 a.m. - 9:30 a.m.	Child Passenger Safety Advisory Committee Meeting - Ballroom F
10:00 a.m. - 12:00 p.m.	1st Session - General Session - Ballrooms C & D
10:00 - 10:05	NCCPSA Welcome - Bud Shields, President
10:05 - 10:20	Success Story - Sue Smithson, Vass, NC
10:20 - 11:20	Legislative Review Panel Moderator: Representative George W. Miller, Jr. North Carolina House of Representatives Panelists: Wanda H. Hunt North Carolina State Senate Representative H. Martin Lancaster North Carolina House of Representatives Elaine Weinstein Lawless, National Child Passenger Safety Association Chuck Hurley National Safety Council
11:20 - 11:25	Dr. Michael R. Lawless, North Carolina Pediatric Society, Every Ride/Safe Ride Coordinator, Winston-Salem
11:25 - 11:30	Elbert L. Peters, Executive Vice President, North Carolina Motor Carriers Association Inc., Raleigh
11:30 - 11:45	Chuck Hurley, National Safety Council - "Combining Efforts--Occupant Protection and Drunk Driving"
11:45 - 12:00	Conference Overview & NCCPSA Business (reports, by-laws, presentation of slate of officers, etc.)

September 6 (cont.)

12:00 p.m. - 1:30 p.m.	Lunch on your own (buffet available at Sheraton)
12:00 - 12:15	Meeting - Workshop Moderators - Ballrooms C & D
1:15 - 1:30	Meeting - Regional Coordinators - Ballrooms C & D
1:30 p.m. - 2:00 p.m.	2nd Session - NCCPSA Regional Meetings Region 1 - 2nd Floor Balcony Region 2 - 2nd Floor Balcony Region 3 - Living Room Region 4 - Ballroom C Region 5 - Ballroom D Region 6 - Ballroom E Region 7 - Poolside Region 8 - Ballroom F Region 9 - 3rd Floor Balcony Region 10 - 3rd Floor Balcony
2:00 p.m. - 4:15 p.m.	3rd Session - General Session - Ballrooms C & D "A Different and Innovative Approach to Safety Belt Awareness" - Charles Rutherford, Supervisor of Police Training & Administrative Services, Bureau of Municipal Police, Albany, NY
2:00 - 3:00	Charles Rutherford
3:00 - 3:15	BREAK - Refreshments - 2nd Floor Balcony
3:15 - 4:15	Charles Rutherford
4:15 - 4:30	BREAK - Refreshments - 2nd Floor Balcony
4:30 p.m. - 5:30 p.m.	4th Session - Concurrent Workshop Session A (Choose 1)

A-1 Introduction to Child Passenger Safety: An Overview for Newcomers - Ballroom F

Speaker - Dr. B. J. Campbell, Director
UNC HSRC

A-2 The Acceleration/Deceleration Injury from the Chiropractic Viewpoint - Ballroom C

Speaker - Stephen D. Penrod, D.C.
Archdale Chiropractic Clinic
High Point

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September 6 (cont.)

A-3 Combining Efforts to Increase Safety Belt Usage in All Age Groups - Ballroom D (3rd Floor)

Moderator: Jonathan B. Kotch, Assistant Professor, Department of Maternal and Child Health, UNC-Chapel Hill

Panelists: Rick Grimord, Senior Account Executive, Price-McNabb Advertising, Raleigh

Kay Norris, President, Village Publishing Company, Chapel Hill

Robin Lane, Auto Safety for Kids in Greensboro Public Schools

Melissa Burns, Mothers Against Drunk Driving (MADD), Greensboro

A-4 Audiovisual Presentations - Ballroom E
Current Child Restraint Films and Slide Presentations

"Car Safety: Don't Risk Your Child's Life" (new edition), 1983

"Life is Precious: Buckle Them In," 1982

"Every Ride A Safe Ride," 1983

Beth Boone, Research Associate, UNC HSRC

Ann R. Woodward, Research Associate UNC HSRC

6:30 p.m. - 8:00 p.m. Poolside Cookout & Balloon Launch

8:00 p.m. - Bingo Party - Ballrooms C & D

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Friday, September 7

8:00 a.m. - 1:00 p.m. Exhibit Area Open - Ballrooms A & B

8:00 a.m. - 10:00 a.m. Registration - 2nd Floor Balcony

8:00 a.m. - 8:30 a.m. Coffee and Donuts - 2nd Floor Balcony

8:30 a.m. - 9:30 a.m. 1st Session - Concurrent Workshop Session B (Choose 1)

B-1 Establishing an Infant/Toddler Safety Seat Program: Hospital/Community Setting - Ballroom H

Moderator: Susan Hexter, Director of Volunteer Services, Wake County Medical Center, Raleigh

Panelists: Reenie Pegram, Goldsboro Jr. Woman's Club

Pat Sterle, The Toddler Seat Program, Edenton

B-2 Existing Programs: Can We Talk?

Moderator: Beverly T. Orr, Program Manager, Public Service Activities, UNC HSRC

Panelist: Alice Phalan, Chatham County Dispute Settlement Program, Pittsboro

B-3 Working with the Local Media: How to Gain Cooperation and Air Time - Ballroom G

Moderator: Lauren Marchetti, Communications Specialist, UNC HSRC

Panelists: Elise Gallman, Public Relations Officer, NC Zoological Park Asheboro

Bill Draper, Reporter, WRAL-TV Raleigh

B-4 Manufacturers Workshop: Overview of New Seats and Accessories - Ballroom D

Moderator: Sibyl Stanton, Pride Trimble Corporation, Southern Pines

Panelists: Manufacturers Representatives

A-2

Friday, September 7 (cont.)

B-5 Audiovisual Presentations - Ballroom E
Drinking Driver and Traffic Safety

"Drugs, Drinking and Driving," 1983

"The B.A.C.s of Drinking and Driving," 1980

Beth Boone, Research Associate
UNC HSRC

Ann R. Woodward, Research Associate, UNC HSRC

9:30 - 9:45 BREAK - Refreshments - 2nd Floor Balcony

9:45 a.m. - 10:45 a.m 2nd Session - Concurrent Workshop Session C (Choose 1)

C-1 Incentive Programs for Teens and Adults: One Method that Works - Ballroom G

Speaker: William W. Hunter, Program Manger for Engineering Studies, UNC HSRC

C-2 Enforcing the Child Passenger Safety Law: The Law Enforcement Perspective - Ballroom D

Moderator: Forrest H. Council, Deputy Director UNC HSRC

Panelists: Larry H. Ellis, Director of Highway Safety, Tennessee Governor's Highway Safety Program, Nashville

Lieutenant Drew Carnady
Greensboro Police Department

Lt. Arnold W. Rector, Coordinator
Traffic Safety Information Unit
State Highway Patrol

Sgt. Danny Wuchte, Durham Police Department

C-3 How Not to Worry: Liability Protection, Insurance and Training Procedures - Ballroom F

Speaker: Elaine W. Lawless, Executive Director NCPSA, Ardmore, PA

Friday, September 7 (cont.)

C-4 Audiovisual Presentations - Ballroom E
Seat Belt and Pedestrian Safety Films and Filmstrips for Pre-school and Elementary Children

"Riding with Buckle Bear," 1982

"Do you Buckle Up?", 1980

"Beltman" (newer edition), 1983

"Citizens Seatbelt"

Beth Boone, Research Associate
UNC HSRC

Ann R. Woodward, Research Associate, UNC HSRC

10:45 a.m. - 11:00 a.m. BREAK - Refreshments - 2nd Floor Balcony

11:00 a.m. - 12:00 a.m. 3rd Session - Concurrent Workshop Session D (Choose 1)

D-1 Educating Young Children: Reinforcing the Safety Belt Habit in Nursery Schools, Day Care Centers, and Grades K-6 - Ballroom D

Moderator: Jo Nan Nester, Co-Chairman, Beltman Project, Safe Rider Program, Asheville

Panelists: Marina Barber, Chairman, Seat Belts are for Everyone (SAFE), Pittsboro

Betty Braxton, Health Educator
Guilford County Department of Public Health, Greensboro

Player McPhaul Fleury, Moore Memorial Medical Auxiliary
Pinehurst

Carol Runyan, MPH, PHD
USC School of Medicine
Chapel Hill

D-2 Burnout: How to Keep Volunteer Effort High and Rekindle Your Own Enthusiasm - Ballroom F

Speaker: Donna W. Hewitt, R.N., M.N., Director of Continuing Education, School of Nursing, Duke University, Durham

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Friday, September 7 (cont.)

D-3 Strategies for Correcting the Misuse Syndrome: How to Get Parents to Use Seats Properly - Ballroom G

Speaker: William L. Hall, Research Associate UNC HSRC

D-4 Audiovisual Presentations - Ballroom E
Current Seat Belt Use Films

"Rediscover the Safety Belt," 1982

"It'll Never Happen to Me," 1983

"Faces in Crashes," 1981

Workshop Leaders: Beth A. Boone, Research Associate, UNC HSRC

Ann R. Woodward, Research Associate, UNC HSRC

12:00 p.m. - 12:10 p.m. BREAK - Refreshments - 2nd Floor Balcony

12:10 p.m. - 1:00 p.m. 4th Session - General Session - NCCPSA Business (By-laws Approval, Resolutions, Election, Reports
Ballrooms C & D
Speaker: Sgt. H. T. Hollowell, Jr., State Highway Patrol, Greensboro

1:00 p.m. - 2:00 p.m. Awards Luncheon - Ballrooms F, G & H
Keynote Speaker: Steve Streater, Field Coordinator, Students Against Drunk Driving (SADD) Project, Youth Advocacy & Involvement Office, Raleigh

Guest Speakers: Barry Traub, McDonald's Owner/Operator, Durham

Edwin C. Guy, Coordinator, Governors Highway Safety Program, Raleigh

2:00 - Old & New NCCPSA Officers Meeting - Ballroom F

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We wish to thank the following for their support. Through their generous contribution of time, materials or funds, it has been possible for many people to come together here in Southern Pines to share and exchange ideas on child passenger safety.

North Carolina Child Passenger Safety Association
Highway Safety Research Center
North Carolina Motor Carriers Association
Governor's Highway Safety Program
The Toddler Seat Program, Edenton
Cabarrus County Car Seat Loan Program, Concord
Lowrance Hospital Auxiliary, Mooresville
Scotland Memorial Hospital, Laurinburg
McDowell County Extension Homemakers, Marion
Granville Hospital, Oxford
Gastonia Junior Woman's Club
McDowell County Kids in Carseats, Marion
Miles Jennings, Elizabeth City
North Carolina Sheriff's Association, Raleigh
First Colony Farms, Creswell
Ralph A. & Frances Plumblee, Plymouth
Corporate Insurance Planning Company, Raleigh
Dr. Stephen R. Van Giesen, Elizabeth City
Safe Rider Program, Asheville
Questor/American Academy of Pediatrics Grant
North Carolina Pediatric Society
SENC District 29, Raleigh
Pilot Life Insurance Company, Greensboro
Fisher Nut Company, Edenton
Jimbos Jumbos Peanut Products, Edenton
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Coca-Cola Bottling Company, Elizabeth City
Barringer District Company (Burlington, Greensboro & Winston-Salem)
Attorney Joe Williams, Greensboro
SENC, Inc., Raleigh
F.W. Woolworth's Company, Durham
Durham Coca-Cola Bottling Company
Kerr Drugs, Durham
Borden Dairies, Inc., Durham-Raleigh
Krispy Kreme Do-nut Corporation, Raleigh
Blannie Keith
Keith Hardware, Vass

Child Restraint Manufacturers

Century Products, Inc.
Collier-Keyworth Co.
International Manufacturing Co.
Kolcraft Products, Inc.
Pride-Trimble Corp.
Questor Juvenile Furniture Co.
Safe Life Products, Inc.
Strolee of California

Conference Committee

Sandy Logue, Chairman
Fran Bryant, Co-Chairman
Donna Suttles
Bill Hall
H.T. Hollowell
Sue Dean
Pat Storie
Bud Shields
Sibyl Stanton
Jane George
Kathie Zigli
Dottie Brunette

A-4

APPENDIX B

Listing of Operational and Potential Child Restraint Loaner Programs

CHILD RESTRAINT LOANER PROGRAMS 16:34 TUESDAY, SEPTEMBER 18, 1984
OPERATIONAL AND POTENTIAL
APPENDIX B

CODE	COUNTY	GROUP	CONTACT	PHONE	ST	INF	TOD	TOTAL
010	ALAMANCE	ALAMANCE COUNTY HOSPITAL	CHRIS OWENS	919-228-8223	O	93	0	93
118	ALAMANCE	MEMORIAL HOSP OF ALAMANCE CO	ELLEN DODSON	919-229-2600	O	75	0	75
067	ALEXANDER	ALEXANDER EXTENSION CLUBS	LOIS SHEPPHERD	704-632-7706	O	34	0	34
076	ALLEGHANY	PROTECT OUR LITTLE ONES	DEBORAH PUGH	919-372-5641	O	25	25	50
091	ANSON	ANSON CO HEALTH DEPT	BETTY RUSSELL, RN	704-694-5188	O	62	0	62
064	ASHE	ASHE CO HEALTH DEPT	M BURGESS, RN	919-246-9449	O	50	0	50
.	AVERY				N	.	.	.
036	BEAUFORT	WASHINGTON JR WOMAN'S CLUB	WANDA WOOLARD	919 946-8752	O	300	0	300
583	BERTIE	BERTIE COUNTY HEALTH DEPT	BETH JOYNER	919-794-2057	P	0	0	0
094	BLADEN	BLADEN COUNTY HEALTH DEPT	SHARON ELKINS	919-862-2536	O	70	67	137
584	BRUNSWICK	BRUNSWICK CO HEALTH DEPT	THOMAS BLUME	919-253-4381	P	0	0	0
040	BUNCOMBE	BUNCOMBE CO MEDICAL AUXILIARY	SARA GREEN	704-255-5685	O	513	0	513
022	BURKE	MORGANTON JAYCETTES	GAYLE BROWN	704-437-1392	O	204	0	204
043	CABARRUS	CABARRUS CO HEALTH DEPT	GINA GOFF	704-786-8121	O	224	16	240
586	CALDWELL	CALDWELL MEMORIAL HOSP AUX	C/O ANN DAY JONES	704-758-7926	P	0	0	0
018	CALDWELL	LENOIR WOMEN'S CLUB	JOYCE ATKINS	704-758-8451	O	200	0	200
117	CAMDEN	CAMDEN CO HEALTH DEPT	RACHEL CARTWRIGHT	919-335-4486	O	0	17	17
111	CARTERET	CARTERET GENERAL HOSPITAL AUX	FRANCES CIVILS	919-247-1616	O	61	0	61
115	CASWELL	CASWELL CO HEALTH DEPT	C/O JANET GREGORY	919-694-9633	O	25	25	50
042	CATAWBA	CATAWBA MEM HOSP, AUXILARY	JANICE KLEVA	704-322-0351	O	365	3	368
092	CHATHAM	CHATHAM HOSP INC	JANE WRENN	919-663-2113	O	28	0	28
089	CHATHAM	PITTSBORO SAFE	MARINA BARBER	919-542-4209	O	60	64	124
099	CHEROKEE	CHEROKEE CO HEALTH DEPT	CAROLYN CARSON	704-837-7486	O	55	35	90
086	CHOWAN	CHOWAN CO HEALTH DEPT	PAT STORIE	919-482-2511	O	0	122	122
069	CHOWAN	CHOWAN HOSPITAL	CLAIRE MILLS	919-482-8451	O	60	0	60
.	CLAY				N	.	.	.
041	CLEVELAND	CLEVELAND COUNTY HEALTH DEPT	RICHARD G STEEVES	704-487-1130	O	89	99	188
098	CLEVELAND	SHELBY JR WOMANS CLUB	LINDA NEUBAUER	704-434-6638	O	33	0	33
103	COLUMBUS	COLUMBUS CO HEALTH DEPT	JAN FLOYD	919-642-8061	O	75	40	115
579	COLUMBUS	COLUMBUS COUNTY HOSPTIAL	PAT NORRIS	919-642-8284	P	0	0	0
023	CRAVEN	NEW BERN JAYCEE-ETTES	FRANCIS HOLLOWELL	919-633-0513	O	103	0	103
567	CRAVEN	VANCEBORO JR WOMAN'S CLUB	ANGIE PINER	919-244-0389	P	0	0	0
119	CUMBERLAND	ARMY COMMUNITY SERVICES	LINNET INGRAM	919-396-4733	O	0	200	200
065	CUMBERLAND	E NEWTON SMITH PUB HLTH CNT	ERIC BERG, DIR HLTH	919-483-9046	O	171	159	330
.	CURRITUCK				N	.	.	.
.	DARE				N	.	.	.
102	DAVIDSON	LEXINGTON MEMORIAL HOSPITAL	TEENIE BINGHAM	704-246-5161	O	76	0	76
028	DAVIDSON	THOMASVILLE JAYCETTES	SHARON SULLIVAN	919-475-0378	O	72	0	72
083	DAVIE	WOMEN'S CIVIC LEAGUE	KAREN LEVIS	704-634-3243	O	28	0	28
093	DUPLIN	DUPLIN CO H DEPT&GOSHEN MED C	DEBORAH BEASLEY	919-296-0441	O	30	0	30
006	DUPLIN	MT OLIVE JAYCETTES	BRENDA DAVIS	919-658-4553	O	8	0	8
045	DURHAM	DURHAM CHILD PASSGR SFTY ASSN	PAULA HENDERSON	919-489-6541	O	256	52	308
027	EDGECOMBE	ROCKY MOUNT JAYCETTES	CATHY OETTINGER	919-442-6956	O	50	0	50
061	EDGECOMBE	SOUTH EDGECOMBE JAYCEES	ALTON L WEBB	919-827-5627	O	24	2	26

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CHILD RESTRAINT LOANER PROGRAMS 16:34 TUESDAY, SEPTEMBER 18, 1984
OPERATIONAL AND POTENTIAL

CODE	COUNTY	GROUP	CONTACT	PHONE	ST	INF	TOD	TOTAL
077	EDGECOMBE	TARBORO WOMENS CLUB	SUSAN AYCOCK	919-823-4695	O	100	0	100
071	FORSYTH	FORSYTH MEMORIAL HOSPITAL	C/O PHEON BEAL	919-773-3307	O	350	0	350
046	FRANKLIN	LOUISBURG WOMEN'S CLUB	MARLA PEOPLES	919-496-2582	O	78	97	175
015	GASTON	GASTONIA JR WOMAN'S CLUB	KAREN CRAYTON	704-864-8796	O	160	0	160
108	GATES	SUNBURY WOMAN'S CLUB	SUSAN WARD	919-465-8861	O	24	0	24
074	GRAHAM	TEACHING OUR TOTS SAFETY(TOTS)	LAURIE STEVENS	704-479-3361	O	24	0	24
084	GRANVILLE	GRANVILLE HOSPITAL	ELAINE SIEVERT	919-693-5115	O	85	12	97
.	GREENE				N	.	.	.
031	GUILFORD	GREENSBORO JAYCETTES	BRIDGET THRIFT	919-379-1570	O	200	6	206
050	GUILFORD	GRNSBRO JR WO C & GUILFD CO HD	MS JANE AGYLE	919-379-4145	O	450	0	450
035	GUILFORD	HIGH POINT JR WOMEN'S CLUB	HELEN GODWIN	919-883-9641	O	120	0	120
038	HALIFAX	ROANOKE RAPIDS JAYCETTES	LYNNE LYNCH	919-537-6050	O	27	55	82
125	HARNETT	ANDERSON CREEK MEDICAL CENTER	DONNA SHAW	919-436-2900	O	.	.	.
122	HARNETT	BOONE TRAIL MEDICAL CENTER	JIM HERRINGTON	919-893-3063	O	50	0	50
032	HAYWOOD	HAYWOOD CNTY KISS PROJECT	EMALY CONNERLY	704-452-5169	O	112	0	112
034	HENDERSON	HENDERSONVILLE PILOT CLUB	ELLEN VARNADOR	704-693-5605	O	135	85	220
070	HERTFORD	AHOSKIE JAYCETTES	JENNIFER BARNES	919-332-4851	O	90	0	90
116	HOKE	HOKE CO HEALTH DEPT	MARY SAPPENFIELD, R	919-875-3717	O	36	0	36
087	HYDE	MATTAMUSKEET JAYCETTES	LINDA MAYO	919-926-3561	O	6	5	11
059	IREDELL	DAVIS COMMUNITY HOSPITAL	ANN JENSEN	704-873-0281	O	90	4	94
016	IREDELL	IREDELL CO MEMORIAL HOSPITAL	KATHY REED	704-873-5661	O	265	10	275
062	IREDELL	LOWRANCE HOSPITAL LADIES AUX	C/O MRS ALICE PRUIT	704-663-11[illegible]	O	74	0	74
008	IREDELL	STATESVILLE JAYCETTES	SANDI GILES	704-87[illegible]	O	1	0	1
017	JACKSON	JACKSON COUNTY HEALTH DEPT	DOTTIE BRUNETTE	704-586-8[illegible]	O	84	79	163
120	JOHNSTON	JOHNSTON CO HEALTH CENTER	KATHY HODGE	919-934-4168	O	75	0	75
.	JONES				N	.	.	.
007	LEE	SANFORD JAYCETTES	ROBIN CHILDRESS	919-776-7534	O	90	10	100
075	LENIOR	KINSTON JAYCETTES	C/O MARGIE RACHIDE	919-522-7014	O	99	0	99
.	LINCOLN				N	.	.	.
021	MACON	MACON COUNTY HEALTH DEPT	ANNE HYDER	704-369-9526	O	78	114	192
033	MADISON	MADISON COUNTY HEALTH DEPT	GARNETTE SPRINKLE	704-649-3531	O	89	0	89
085	MARTIN	MARTIN COUNTY HEALTH DEPT	BRENDA MILLS	919-792-7811	O	59	70	129
068	MCDOWELL	MCDOWELL CO EXT HOMEMAKERS	SUSAN GOLDSMITH	704-652-7030	O	106	72	178
012	MECKLENBERG	COMMUNITY HEALTH ASSOCIATION	WILLIS FLYNN	704-375-0172	O	2200	0	2200
114	MITCHELL	JR WOMEN'S CLUB OF SPRUCE PINE	MARY SMOAK	704-765-6446	O	50	0	50
090	MONTGOMERY	MONTGOMERY CO EXT HOMEMAKERS	MILLIE BRUTON	919-576-6011	O	27	0	27
096	MOORE	MOORE MEMORIAL HOSPTIAL	KATHIE TRIPP	919-295-7810	O	400	0	400
025	NASH	NASHVILLE JAYCETTES	LINDA CREEKMORE	919-443-3219	O	20	0	20
123	NEW HANOVER	AMERICAN RED CROSS	MS EMILY CASTEEN		O	51	[illegible]	51
037	NORTHAMPTON	NORTHAMPTON CNTY HEALTH DEPT	KATHY LAWRENCE	919-534-5841	O	29	1	30
104	ONSLOW	JACKSONVILLE JAYCETTES	ANNETTE COXE	919-455-5182	O	90	0	90
080	ORANGE	ORANGE CO CPSA	JERRY ROBINSON	919-732-8181	O	187	150	337
004	ORANGE	UNC HIGHWAY SAFTY RSRCH CNTR	BEVERLY ORR	919-962-2202	O	4	47	51
.	PAMLICO				N	.	.	.

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OPERATIONAL AND POTENTIAL

CODE	COUNTY	GROUP	CONTACT	PHONE	ST	INF	TOD	TOTAL
073	PASQUOTANK	PPCC DISTRICT HEALTH DEPT	JANIS PULLIAM	919-338-2167	O	24	9	33
.	PENDER				N	.	.	.
112	PERQUIMANS	PERQUIMANS CO HEALTH DEPT	JODY BRANTHAM	919-426-5488	O	13	13	36
082	PERSON	ROXBORO JAYCETTES	SHARON DAY	919-599-4125	O	51	19	73
001	PITT	FARMVILLE JR WOMEN'S LEAGUE	BRENDA ELKS	919-752-0642	O	50	0	50
004	PITT	PITT CO MEMORIAL HOSPITAL	ETSIL MASON	919-757-4491	O	75	0	75
047	PITT	TAR RIVER CIVITAN CLUB	PATRICE ALEXANDER	919-756-7248	O	300	0	300
097	POLK	HICKORY GROVE BAPT CHURCH	DARLENE DENTON	704-894-3819	O	6	0	6
580	POLK	ST LUKES HOSPITAL	MARION HAZLE	704-894-3311	P	0	0	0
002	RANDOLPH	ASHEBORO JAYCETTES	CATHY CLARK	919-625-8650	O	55	0	55
581	RICHMOND	HAMLET HOSPITAL	MABIE MILAND	919-582-3611	P	0	0	0
066	RICHMOND	RICHMOND MEMORIAL HOSPITAL	MARGARET WILLIAMS	919-997-2561	O	225	0	225
110	ROBESON	FAIRMONT JR WOMAN'S CLUB	CYNDY INMAN	919-739-6979	O	0	26	26
020	ROBESON	LUMBERTON JR WOMEN'S CLUB	MARION THOMPSON	919-738-5302	O	122	0	122
585	ROBESON	ROBESON CO HEALTH DEPT	GAYLEN HAYES	919-738-7231	P	0	0	0
014	ROCKINGHAM	EDEN JAYCTTS & MOREHD MEM HOSP	SUE GIBSON	919-623-9711	O	44	0	44
079	ROCKINGHAM	REIDSVILLE JAYCETTES	JO BETT CAMPBELL	919-349-8461	O	70	12	82
019	ROWAN	ZETA PHI BETA SORORITY INC	ELLA M HARGETT	704-633-1970	O	102	0	102
106	RUTHERFORD	PILOT CLUB OF RUTHERFORD CO	HELEN MCKINNEY	704-245-2510	O	60	0	60
063	SAMPSON	CLINTON JAYCEES	DWIGHT SAUNDERS	919-592-8115	O	245	0	245
105	SAMPSON	TRI-COUNTY COMM HLTH CENTER	CAMOLYN GREEN	919-567-6194	O	50	12	62
057	SCOTLAND	SCOTLAND MEMORIAL HOSPITAL &	RUTH BISHEE	919-276-2121	O	461	0	461
100	STANLY	STANLY MEMORIAL HOSPITAL	SUE V BARBER	704-983-4383	O	120	0	120
058	STOKES	STKES-RYNOLDS HOSP&STKES CO HD	MARGARET DALTON	919-593-8121	O	40	32	72
088	SURRY	SURRY CO HEALTH DEPT	MARTY K LOFTIS	919-374-2131	O	50	0	50
060	SWAIN	CHEROKEE INDIAN HOSPITAL	RUTH TAYLOR	704-497-9163	O	130	50	180
048	SWAIN	SWAIN CO HEALTH DEPT	DEBORAH HYATT	704-488-6041	O	75	21	96
056	TRANSYLVANIA	TRANSYLVANIA COMM HOSP AUX	DOROTHY DEAN	704-884-2313	O	100	0	100
582	TYRRELL	TYRRELL COUNTY HEALTH DEPT	NANCY HOUSE	919-796-2681	P	0	0	0
013	UNION	COMMUNITY HEALTH ASSOCIATION	MALINDA PEOPLES	704-283-1537	O	400	0	400
057	VANCE	FAMILY ADVOCACY COUNCIL	MARSHA UPTON MUNN	919-492-7915	O	80	0	80
029	WAKE	ACADEMY OF PUBLIC HEALTH	LIONEL RANDOLPH	919-733-2815	O	85	137	222
055	WAKE	APEX JAYCETTES	MYRA HAGGINS	919-362-0276	O	14	23	37
011	WAKE	CARY JAYCETTES	ADELE TYSINGER	919-469-3066	O	53	73	126
107	WAKE	FUQUAY-VARINA EXCHANGETTE CLUB	DONNA KINSTON	919-552-6049	O	20	0	20
003	WAKE	GARNER JAYCETTES	PAT HILL	919-779-6255	O	33	45	78
081	WAKE	GENERAL BAPTIST ST CONVENTION	ADRIENNE M SAUNDERS	919-821-7466	O	26	0	26
005	WAKE	KNIGHTDALE JAYCETTES	JACKIE ADAMS	919-266-3481	O	25	23	48
024	WAKE	N C ST EMPLOYEE'S ASSN, AREA 8	SUSAN DEAN	919-733-5098	O	70	0	70
026	WAKE	RALEIGH JAYCETTES	COLLEEN AGUIRRE	919-781-6441	O	128	0	128
030	WAKE	RALEIGH MOTHER OF TWINS CLUB	ANGIE BRIDGEN	919-782-1518	O	22	0	22
053	WAKE	WAKE CO HEALTH DEPT	JULIE MCQUEEN	919-755-0761	O	102	0	102
121	WAKE	WAKE CO MEDICAL CENTER	SUSAN HESTER	919-755-8293	O	175	0	175
101	WAKE	WENDELL JAYCEES	LARRY PERRY	919-365-6391	O	50	0	50

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CODE	COUNTY	GROUP	CONTACT	PHONE	ST	INF	TOD	TOTAL
095	WAKE	ZEBULON JR WOMANS CLUB	KAREN MURPHY	919-269-9301	O	30	0	30
049	WARREN	WARREN COUNTY HEALTH DEPT	IRENE D ELAM	919-257-1185	O	50	5	55
109	WASHINGTON	WASHINGTON CO HEALTH DEPT	MYRA ALLEN	919-793-3023	O	48	20	68
044	WATAUGA	CHILDRENS CNCL OF WATAUGA CO	BRUCE M RICHTER	704-264-1280	O	30	6	36
054	WAYNE	GOLDSBORO JR WOMANS CLUB	REENIE PEGRAM	919-731-6138	O	300	0	300
072	WILKES	BLUE RIDGE OPPOR COMM, INC	JANIE LYON	919-667-7174	O	66	40	106
009	WILSON	WILSON CNTY EXT HOMEMAKER ASSN	CHERYL SUMMERS	919-237-0112	O	10	2	12
078	WILSON	WILSON DIST HLTH DEPT	CATHY THOMAS	919-291-4085	O	61	0	61
113	WILSON	WILSON MEMORIAL HOSPITAL AUX	CAROL BOWEN	919-399-8138	O	157	0	157
052	YADKIN	YADKIN CO CPSA	WILLIAM JAMES	919-679-2026	O	200	55	255
039	YANCEY	BURNSVILLE JR WOMAN'S CLUB	SANDRA HIGGINS	704-682-7016	O	20	0	20

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